



Solicitation Information

November 17, 2012

RFP #7458291

TITLE: ELECTRONIC BENEFITS TRANSFER SERVICES

**ISSUED BY: NORTHEAST COALITION OF STATES
REGIONAL MANAGEMENT COUNCIL**

SUBMISSION DEADLINE: JANUARY 18, 2013

THE STATE OF RHODE ISLAND IS PARTICIPATING IN A COOPERATIVE PROCUREMENT FOR ELECTRONIC BENEFITS TRANSFER SERVICES.

THIS REQUEST FOR PROPOSALS IS BEING ISSUED BY THE STATE OF NEW YORK, OFFICE OF TEMPORARY & DISABILITY ASSISTANCE, ON BEHALF OF THE NORTHEAST COALITION OF STATES TO ACQUIRE ELECTRONIC BENEFIT TRANSFER (EBT) SERVICES FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND CASH PROGRAMS ADMINISTERED BY THE NORTHEAST COALITION OF STATES (NCS).

ADDITIONAL INFORMATION DESCRIBING RHODE ISLAND REQUIREMENTS IS ATTACHED HEREWITH.

INFORMATION ABOUT THIS PROCUREMENT MAY BE FOUND AT THE STATE OF NEW YORK, OFFICE OF TEMPORARY & DISABILITY ASSISTANCE WEBSITE AT: <http://otda.ny.gov/contracts>.

CLICK ON 'PROCUREMENT/BID OPPORTUNITIES PAGE, THEN NORTHEAST COALITION OF STATES ELECTRONIC BENEFIT TRANSFER RFP.'

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State of Rhode Island
Division of Purchases

State of Rhode Island
State Appendix

2012

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1. Rhode Island EBT Processing Information

Introduction

This appendix provides additional information about EBT processing for the RI Works (RIW) and Supplemental Nutrition Assistance Program (SNAP) at the Rhode Island Department of Human Services (DHS). RIW is Rhode Island's name for the Temporary Assistance for Needy Families (TANF) program. This information about DHS program and technical environments is provided to assist vendors in preparing fully responsive proposals.

Major headings in this appendix are numbered to correspond with the section headings in the NCS core RFP. This appendix contains only those sections of the core RFP where additional detail is needed or where Rhode Island's processing procedures and environment differ from those of the other NCS states.

1.1 Contacts with Employees

In accordance with State of Rhode Island statutes, potential offerors may not approach former Rhode Island state employees with offers of employment during the procurement period unless it has been more than one (1) year since the state employee's resignation or retirement.

2.1 Governing Regulations - Core Requirements

The following pages contain the performance bond regulations, State of Rhode Island general conditions of purchase and the addenda required in the State of Rhode Island contract.

2.1.1 PERFORMANCE BOND of 1 million dollars with a satisfactory surety company will be required of the successful offeror. All surety companies must be listed with The Department of Treasury, Fiscal services, Circular 570, (Latest revision published by the Federal Register).

2.1.2 STATE OF RHODE ISLAND GENERAL CONDITIONS OF PURCHASE

Note: The Office of Purchases may, from time to time, make amendments to the General Terms and Conditions when the Purchasing Agent determines that such amendments are in the best interest of the State. Amendments shall be made available for public inspection at the Office of the Secretary of State but shall not require formal public notice and hearing. Copies of the Terms and Conditions shall be provided to any individual or firm requesting to become a registered bidder. Applicants shall be required, as part of the application process, to certify that they have read the General Terms and Conditions and understand that they apply to all State Purchases.

STATE OF RHODE ISLAND OFFICE OF PURCHASES GENERAL CONDITIONS OF PURCHASE

All State Purchase Orders, Contracts, Solicitations, Delivery Orders and Service Requests shall incorporate and be subject to the provisions of Title 37 Chapter 2 of the General Laws of the State of Rhode Island, the Regulations adopted pursuant thereto, all other applicable provisions of the Rhode Island General Laws, specific requirements described in the Request or Contract, and the following General Conditions of Purchase:

1. GENERAL - All purchase orders, contracts, solicitations, delivery orders, and service requests are for specified goods and services, in accordance with express terms and conditions of purchase, as defined herein. For the purposes of this document, the terms "bidder" and "contractor" refer to any individual, firm, corporation, or other entity presenting a proposal indicating a desire to enter into contracts with the State, or with whom a contract is executed by the State's Purchasing Agent, and the term "contractor" shall have the same meaning as "vendor".

2. ENTIRE AGREEMENT - The State's Purchase Order, or other State contract endorsed by the State Office of Purchases, shall constitute the entire and exclusive agreement between the State and any contractor receiving an award. In the event any conflict between the bidder's standard terms of sale, these conditions or more specific provisions contained in the solicitation shall govern. All communication between the State and any contractor pertaining to any award or contract shall be accomplished in writing.

a. Each proposal will be received with the understanding that the acceptance, in writing, by contract or Purchase Order by the Purchasing Agent of the offer to do work or to furnish any or all the materials, equipment, supplies or services described therein shall constitute a contract between the bidder and the State. This shall bind the bidder on his part to furnish and deliver at the prices and in accordance with the conditions of said accepted proposal and detailed specifications and the State on its part to order from such contractor (except in case of emergency) and to pay for at the agreed prices, all materials, equipment, supplies or services specified and delivered. A contract shall be deemed executory only to the extent of funds available for payment of the amounts shown on Purchase Orders issued by the State to the contractors.

b. No alterations or variations of the terms of the contract shall be valid or binding upon the State unless submitted in writing and accepted by the Purchasing Agent. All orders and changes thereof must emanate from the Office of Purchases: no oral agreement or arrangement made by a contractor with an agency or employee will be considered to be binding on the Purchasing Agent, and may be disregarded.

c. Contracts will remain in force for the contract period specified or until all articles or services ordered before date of termination shall have been satisfactorily delivered or rendered and accepted and thereafter until all terms and conditions have been met, unless

1. terminated prior to expiration date by satisfactory delivery against orders of entire quantities, or
2. extended upon written authorization of the Purchasing Agent and accepted by the contractor, to permit ordering of the unordered balances or additional quantities at the contract price and in accordance with the contract terms, or
3. canceled by the State in accordance with other provisions stated herein.

d. It is mutually understood and agreed that the contractor shall not assign, transfer, convey, sublet or otherwise dispose of this contract or his right, title or interest therein, or his power to execute such contract, to any other person, company or corporation, without the previous consent, in writing, of the Purchasing Agent.

e. If, subsequent to the submission of an offer or issuance of a purchase order or execution of a contract, the bidder or contractor shall merge with or be acquired by another entity, the contract may be terminated, except as a corporate resolution prepared by the contractor and the new entity ratifying acceptance of the original bid or contract terms, condition, and pricing is submitted to the Office of Purchases, and expressly accepted.

f. The contractor or bidder further warrants by submission of an offer or acceptance of a purchase order or other contract that he has no knowledge at the time of such action of any outstanding and delinquent or otherwise unsettled debt owed by him to the State, and agrees that later discovery by the Purchasing Agent that this warranty was given in spite of such knowledge, except where the matter is pending in hearing or from any appeal therefrom, shall form reasonable grounds for termination of the contract.

3. SUBCONTRACTS - No subcontracts or collateral agreements shall be permitted, except with the State's express consent. Upon request, contractors must submit to the Office of Purchases a list of all subcontractors to be employed in the performance of any Purchase Order or other contract arising from this Request.

4. RELATIONSHIP OF PARTIES - The contractor or bidder warrants, by submission of an offer or acceptance of a purchase order or other contract, that he is not an employee, agent, or servant of the State, and that he is fully qualified and capable in all material regards to provide the specified goods and services. Nothing herein shall be construed as creating any contractual

relationship or obligation between the State and any sub-bidder, subcontractor, supplier, or employee of the contractor or offeror.

5. COSTS OF PREPARATION - All costs associated with the preparation, development, or submission of bids or other offers will be borne by the offeror. The State will not reimburse any offeror for such costs.

6. SPECIFIED QUANTITY REQUIREMENT - Except where expressly specified to the contrary, all solicitations and contracts are predicated on a specified quantity of goods or services, or for a specified level of funding.

a. The State reserves the right to modify the quantity, scope of service, or funding of any contract, with no penalty or charge, by written notice to the contractor, except where alternate terms have been expressly made a part of contract.

b. The State shall not accept quantities in excess of the specified quantity except where the item is normally sold by weight (where sold by weight, the State will not accept quantities greater than ten per cent [10%] of the specified quantity), or where the Request or Contract provides for awards for other than exact quantities.

c. Purchase Orders or other contracts may be increased in quantity or extended in term without subsequent solicit with the mutual consent of the contractor and the State, where determined by the Purchasing Agent to be in the State's best interest.

7. TERM AND RENEWAL - Where offers have been requested or contracts awarded for terms exceeding periods of twelve (12) months, it is mutually understood and agreed that the State's commitment is limited to a base term not to exceed twelve (12) months, subject to renewal annually at the State's sole option for successive terms as otherwise described, except where expressly specified to the contrary. Purchase orders appearing to commit to obligations of funding or terms of performance may be executed for administrative convenience, but are otherwise subject to this provision, and in such cases the State's renewal shall be deemed to be automatic, conditional on the continued availability of appropriated funds for the purpose, except as written notice of the State's intent not to renew is served.

8. DELIVERY - Delivery must be made as ordered and in accordance with the proposal. If delivery qualifications do not appear on the bidder's proposal, it will be interpreted to mean that goods are in stock and that shipment will be made within seven (7) calendar days. The decision of the Purchasing Agent, as to reasonable compliance with the delivery terms, shall be final. Burden of proof of delay in receipt of order shall rest with the contractor. No delivery charges shall be added to invoices except when authorized on the Purchase Order.

9. FOREIGN CORPORATIONS - In accordance with Title 7 Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation shall have the right to transact business in this state until it shall have procured a certificate of authority so to do from the Secretary of State.

10. PRICING - All pricing offered or extended to the State is considered to be firm and fixed unless expressly provided for to the contrary. All prices shall be quoted F.O.B. Destination with freight costs included in the unit cost to be paid by the State, except, where the Request or Contract permits, offers reflecting F.O.B. Shipping Point will be considered, and freight costs may then be prepaid and added to the invoice.

11. COLLUSION - Bidder or contractor warrants that he has not, directly or indirectly, entered into any agree participated in any collusion or otherwise taken any action in restraint of full competitive bidding. In special circumstances, an executed affidavit will be required as a part of the bid.

12. PROHIBITION AGAINST CONTINGENT FEES AND GRATUITIES – Bidder or contractor warrants that he has not paid, and agrees not to pay, any bonus, commission, fee, or gratuity to any employee or official of the State for the purpose of obtaining any contract or award issued by the State. Bidder or contractor further warrants that no commission or other payment has been or will be received from or paid to any third party contingent on the award of any contract by the State, except as shall have been expressly communicated to the State Purchasing Agent in writing prior to acceptance of the contract or award in question. Subsequent discovery by the State of non-compliance with these provisions shall constitute sufficient cause for immediate termination of all outstanding contracts and suspension or debarment of the bidder(s) or contractor(s) involved.

13. AWARDS - Awards will be made with reasonable promptness and by written notice to the successful bidder (only); bids are considered to be irrevocable for a period of sixty (60) days following the bid opening unless expressly provided for to the contrary in the Request, and may not be withdrawn during this period without the express permission of the Purchasing Agent.

a. Awards shall be made to the bidder(s) whose offer(s) constitutes the lowest responsive price offer (or lowest responsive price offer on an evaluated basis) for the item(s) in question or for the Request as a whole, at the option of the State. The State reserves the right to determine those offers which are responsive to the Request, or which otherwise serve its best interests.

b. The State reserves the right, before making award, to initiate investigations as to whether or not the materials, equipment, supplies, qualifications or facilities offered by the bidder meet the requirements set forth in the proposal and specification, and are ample and sufficient to insure the proper performance of the contract in the event of award. If upon such examination it is found that the conditions of the proposal are not complied with or that articles or equipment proposed to be furnished do not meet the requirements called for, or that the qualifications or facilities are not satisfactory, the State may reject such a bid. It is distinctly understood, however, that nothing in the foregoing shall mean or imply that it is obligatory upon the State to make any examinations before awarding a contract; and it is further understood that if such examination is made, it in no way relieves the contractor from fulfilling all requirements and conditions of the contract.

c. Qualified or conditional offers which impose limitations of the bidder's liability or modify the requirements of the bid, offers for alternate specifications, or which are made subject to different terms and conditions than those specified by the State may, at the option of the State, be

1. Rejected as being non-responsive, or

2. set aside in favor of the State's terms and conditions (with the consent of the bidder), or

3. accepted, where the State Purchasing Agent determines that such acceptance best serves the interests of the State.

• Acceptance or rejection of alternate or counter-offers by the State shall not constitute a precedent which shall be considered to be binding on successive solicitations or procurements.

d. Bids submitted in pencil, or which do not bear an original signature, in ink, by an owner or authorized agent thereof, will not be accepted.

e. Bids must be extended in the unit of measure specified in the Request. In the event of any discrepancy between unit prices and their extensions, the unit price will govern.

f. The Purchasing Agent reserves the right to determine the responsibility of any bidder for a particular procurement.

g. The Purchasing Agent reserves the right to reject any and all bids in whole or in part, to waive technical defects, irregularities, and omissions, and to give consideration to past performance of the offerors where, in his judgment the best interests of the State will be served by so doing.

h. The Purchasing Agent reserves the right to make awards by items, group of items or on the total low bid for all the items specified as indicated in the detailed specification, unless the bidder specifically indicates otherwise in his bid.

i. Preference may be given to bids on products raised or manufactured in the State, other things being equal.

j. The impact of discounted payment terms shall not be considered in evaluating responses to any Request.

k. The Purchasing Agent reserves the right to act in the State's best interests regarding awards caused by clerical errors by the Office of Purchases.

14. SUSPENSION AND DEBARMENT - The Purchasing Agent may suspend or debar any vendor or potential bidder, for good cause shown:

a. A debarment or suspension against a part of a corporate entity constitutes debarment or suspension of all of its divisions and all other organizational elements, except where the action has been specifically limited in scope and application, and may include all known corporate affiliates of a contractor, when such offense or act occurred in connection with the affiliate's performance of duties for or on behalf of the contractor, or with the knowledge, approval, or acquiescence of the contractor or one or more of its principals or directors (or where the contractor otherwise participated in, knew of, or had reason to know of the acts).

b. The fraudulent, criminal or other serious improper conduct of any officer, director, shareholder, partner, employee, or any other individual associated with a contractor may be imputed to the contractor when the conduct occurred in connection with the individual's performance of duties for or on behalf of the contractor, or with the contractor's knowledge, approval or acquiescence. The contractor's acceptance of benefits derived from the conduct shall be evidence of such knowledge, approval, or acquiescence.

c. A vendor or contractor who knowingly engages as a subcontractor for a contract awarded by the State to a vendor or contractor then under a ruling of suspension or debarment by the State shall be subject to disallowance of cost, annulment or termination of award, issuance of a stop work order, or debarment or suspension, as may be judged to be appropriate by the State Purchasing Agent.

15. PUBLIC RECORDS - Contractors and bidders are advised that all documents, correspondence, and other submissions to the Office of Purchases may be accessible as public records, pursuant to Title 38, Chapter 2 of the General Laws, absent specific notice that portions of such submittals may contain confidential or proprietary information, such that public access to those items should be withheld, and except as otherwise provided for pursuant to RIGL 37-2-18 (a)-(h) "Competitive Sealed Bidding".

16. PRODUCT EVALUATION - In all specifications, the words "or equal" are understood after each article when manufacturer's name or catalog are referenced. If bidding on items other than those specified, the bidder must, in every instance, give the trade designation of the article, manufacturer's name and detailed specifications of the item the bidder proposes to furnish; otherwise, the bid will be construed as submitted on the identical commodity described in the detailed specifications. The Purchasing Agent reserves the right to determine whether or not the item submitted is the approved equal the detailed specifications.

a. Any objections to specifications must be filed by a bidder, in writing, with the Purchasing Agent at least 96 hours before the time of bid opening to enable the Office of Purchases to properly investigate the objections.

b. All standards are minimum standards except as otherwise provided for in the Request or Contract.

c. Samples must be submitted to the Office of Purchases in accordance with the terms of the proposals and detailed specifications. Samples must be furnished free of charge and must be accompanied by descriptive memorandum invoices indicating whether or not the bidder desires their return and specifying the address to which they are to be returned (at the bidder's risk and expense), provided they have not been used or made useless by tests; and absent instructions, the samples shall be considered to be abandoned. Award samples may be held for comparison with deliveries.

d. All samples submitted are subject to test by any laboratory the State Purchasing Agent may designate.

17. PRODUCT ACCEPTANCE - All merchandise offered or otherwise provided shall be new, of prime manufacture, and of first quality unless otherwise specified by the State. The State reserves the right to reject all nonconforming goods, and to cause their return for credit or replacement, at the State's option. Contract deliverables specified for procurements of services shall be construed to be work products, and subject to the provisions of this section.

a. Failure by the State to discover latent defect(s) or concealed damage or nonconformance shall not foreclose the State's right to subsequently reject the goods in question.

b. Formal or informal acceptance by the State of non-conforming goods shall not constitute a precedent for successive receipts or procurements.

c. Where the contractor fails to promptly cure the defect or replace the goods, the State reserves the right to cancel the Purchase Order, contract with a different contractor, and to invoice the original contractor for any differential in price over the original contract price.

d. When materials, equipment or supplies are rejected, the same must be removed by the contractor from the premises of the State Agency within forty-eight (48) hours of notification. Rejected items left longer than two days will be regarded as abandoned and the State shall have the right to dispose of them as its own property.

18. PRODUCT WARRANTIES - All product or service warranties normally offered by the contractor or bidder shall accrue to the State's benefit, in addition to any special requirements which may be imposed by the State. Every unit delivered must be guaranteed against faulty material and workmanship for a period of one year unless otherwise specified, and the State may, in the event of failure, order its replacement, repair, or return for full credit, at its sole option.

19. PAYMENT - Unless otherwise provided for by the Request or Contract, payment shall not be made until delivery has been made, or services performed, in full, and accepted. Payment shall not be due prior to thirty (30) working days following the latest of completion, acceptance, or the rendering of a properly submitted invoice.

a. Payment terms other than the foregoing may be rejected as being nonresponsive..

- b.** No partial shipments will be accepted, unless provided for by the Request or Contract.
- c.** Where a question of quality is involved, payment in whole or part against which to charge back any adjustment required, shall be withheld at the direction of the Purchasing Agent. In the event a cash discount is stipulated, the withholding of payments, as herein described, will not deprive the State from taking such discount.
- d.** Payments for used portion of inferior delivery will be made by the State on an adjusted price basis.
- e.** Payments on contracts under architectural or engineering supervision must be accompanied by a Certificate of Payment and Statement of Account signed by the architect or engineer and submitted to the Agency involved for approval.

20. THIRD PARTY PAYMENTS - The State recognizes no assigned or collateral rights to any purchase agreement except as may be expressly provided for in the bid or contract documents, and will not accede to any request for third party or joint payment(s), except as provided for in specific orders by a court of competent jurisdiction, or by express written permission of the Purchasing Agent. Where an offer is contingent upon such payment(s), the offeror is obligated to serve affirmative notice in his bid submission.

21. SET-OFF AGAINST PAYMENTS - Payments due the contractor shall be subject to reduction by the State Controller equal to the amount of unpaid and delinquent state taxes (or other just debt owed to the State), except where notice of delinquency has not been served or while the matter is pending in hearing or from any appeal therefrom.

22. CLAIMS - Any claim against a contractor may be deducted by the State from any money due him in the same or other transactions. If no deduction is made in such fashion, the contractor shall pay the State the amount of such claim on demand. Submission of a voucher and payment, thereof, by the State shall not preclude the Purchasing Agent from demanding a price adjustment in any case when the commodity delivered is later found to deviate from the specifications and proposal.

- a.** The Purchasing Agent may assess dollar damages against a vendor or contractor determined to be non-performing or otherwise in default of their contractual obligations equal to the cost of remedy incurred by the State, and make payment of such damages a condition for consideration for any subsequent award. Failure by the vendor or contractor to pay such damages shall constitute just cause for disqualification and rejection, suspension, or debarment.

23. STATE CONTROLLER'S CERTIFICATION OF FUNDING - Certification as to the availability of funds to support the procurement for the current fiscal year ending June 30th only. Where delivery or service requirements extend beyond the end of the current fiscal year, such extensions are subject to both the availability of appropriated funds and a determination of continued need.

24. UNUSED BALANCES - Unless otherwise specified, all unused Blanket Order quantities and/or unexpended funds shall be automatically canceled on the expiration of the specified term. Similarly, for orders encompassing more than one State fiscal year, unexpended balances of funding allotted for an individual fiscal year may be liquidated at the close of that fiscal year, at the State's sole option.

25. MINORITY BUSINESS ENTERPRISES - Pursuant to the provisions of Title 37 Chapter 14.1 of the General Laws, the State reserves the right to apply additional consideration to offers, and to direct awards to bidders other than the responsive bid representing the lowest price where:

a. the offer is fully responsive to the terms and conditions of the Request, and

b. the price offer is determined to be within a competitive range (not to exceed 5% higher than the lowest responsive price offer) for the product or service, and

c. the firm making the offer has been certified by the R.I. Department of Economic Development to be a small business concern meeting the criteria established to be considered a Minority Business Enterprise. Ten per cent [10%] of the dollar value of the work performed against contracts for construction exceeding \$5,000 shall be performed by Minority Business Enterprises where it has been determined that subcontract opportunities exist, and where certified

Minority Business Enterprises are available. A contractor may count towards its MBE, DBE, or WBE goals 60% of its expenditures for materials and supplies required under a contract and obtained from an MBE, DBE, or WBE regular dealer, and 100% of such expenditures when obtained from an MBE, DBE, or WBE manufacturer. Awards of this type shall be subject to approval, by the Director of Administration, of a Subcontracting Plan submitted by the bidder receiving the award.

26. PREVAILING WAGE REQUIREMENT - In accordance with Title 37 Chapter 13 of the General Laws of Rhode Island, payment of the general prevailing rate of per diem wages and the general prevailing rate for regular, overtime and other working conditions existing in the locality for each craft, mechanic, teamster, or type of workman needed to execute this work is a requirement for both contractors and subcontractors for all public works.

27. EQUAL OPPORTUNITY COMPLIANCE, HANDICAPPED ACCESS AND AFFIRMATIVE ACTION - Contractors of the State are required to demonstrate the same commitment to equal opportunity as prevails under federal contracts controlled by Federal Executive Orders 11246, 11625, 11375 and 11830, and Title 28 Chapter 5.1 of the General Laws of Rhode Island. Affirmative action plans shall be submitted by the contractor for review by the State Equal Opportunity Office. A contractor's failure to abide by the rules, regulations, contract terms and compliance reporting provisions as established shall be grounds for forfeiture and penalties as shall be established, including but not limited to suspension.

28. DRUG-FREE WORKPLACE REQUIREMENT - In accordance with Executive

Order No. 91-14, Contractors who do business with the State and their employees shall abide by the State's drug-free workplace policy and the contractor shall so attest by signing a certificate of compliance.

29. GOODS PRODUCED IN THE REPUBLIC OF SOUTH AFRICA – In accordance with Chapters 35-10-12 and 37-2-57 of the General Laws, goods which are known to be wholly produced in the Republic of South Africa may not be accepted for any procurement the State of Rhode Island; the offeror attests by his submission of a bid or offer, or acceptance of a purchase order or other contract, that these prohibitions do not apply to material or goods which form the basis for his offer or contract.

30. TAXES - The State of Rhode Island is exempt from payment of excise, transportation and sales tax imposed by the Federal or State Government. These taxes should not be included in the proposal price. Exemption Certificates will be furnished upon request.

31. INSURANCE - All construction contractors, independent tradesmen, or firms providing any type of maintenance, repair, or other type of service to be performed on state premises, buildings, or grounds are required to purchase and maintain coverage with a company or companies licensed to do business in the state as follows:

- a. Comprehensive General Liability Insurance -**
 - 1) Bodily Injury \$1,000,000 each occurrence
 - \$1,000,000 annual aggregate
 - 2) Property Damage \$500,000 each occurrence
- \$500,000 annual aggregate
 - Independent Contractors
 - Contractual - including construction hold harmless and other types of contracts or agreements in effect for insured operations
 - Completed Operations
 - Personal Injury (with employee exclusion deleted)
- b. Automobile Liability Insurance -**
 - Combined Single Limit \$1,000,000 each occurrence
 - Bodily Injury
 - Property Damage, and in addition non-owned and/or hired vehicles and equipment
- c. Workers' Compensation Insurance -**
 - Coverage B \$100,000

The Purchasing Agent reserves the right to consider and accept alternate forms and plans of insurance or to require additional or more extensive coverage for any individual requirement. Successful bidders shall provide certificates of coverage, reflecting the State of Rhode Island as an additional insured, to the Office of Purchases, forty-eight (48) hours prior to the commencement of work, as a condition of award. Failure to comply with this provision shall result in rejection of the offeror's bid.

32. BID SURETY - When requested, a bidder must furnish a Bid Bond or Certified

Check for 5% of his bid, or for the stated amount shown in the solicitation. Bid Bonds must be executed by a reliable Surety Company authorized to do business in the State of Rhode Island. Failure to provide Bid Surety with bid may be cause for rejection of bid. The Bid Surety of any three bidders in contention will be held until an award has been made according to the specifications of each proposal. All others will be returned by mail within 48 hours following the bid opening. Upon award of a contract, the remaining sureties will be returned by mail unless instructed to do otherwise.

33. PERFORMANCE AND LABOR AND PAYMENT BONDS – A performance bond and labor and payment bond of up to 100% of an award may be required by the Purchasing Agent. Bonds must meet the following requirements:

- a. Corporation: The Bond must be signed by an official of the corporation above his official title and the corporate seal must be affixed over his signature.
- b. Firm or Partnership: The Bond must be signed by all of the partners and must indicate that they are "Doing Business As (name of firm)."
- c. Individual: The Bond must be signed by the individual owning the business and indicate "Owner."
- d. The Surety Company executing the Bond must be licensed to do business in the State of Rhode Island or Bond must be countersigned by a company so licensed.
- e. The Bond must be signed by an official of the Surety Company and the corporate seal must be affixed over his signature.
- f. Signatures of two witnesses for both the principal and the Surety must appear on the Bond.
- g. A Power of Attorney for the official signing of the Bond for the Surety Company must be submitted with the Bond.

34. DEFAULT AND CANCELLATION - A contract may be canceled or annulled at the contractor's expense upon non-performance of contract, or breach, by the contractor, of any of his obligations. Failure of contractor to cure such non-performance or breach within ten working days after the receipt of notice, shall be sufficient cause for the cancellation of the contract in question, the cancellation of all outstanding contracts or sub-contracts held by the contractor, and the suspension or debarment of the contractor from future procurements.

- a. Failure of a contractor to deliver or perform within the time specified, or within reasonable time as interpreted by the Purchasing Agent or failure to make replacement of rejected articles, when so requested, immediately or as directed by the Purchasing Agent, will cause the Purchasing Agent to purchase in the open market to replace those rejected or not delivered. The Purchasing Agent reserves the right to authorize immediate purchase in the open market against rejections on any contract when necessary. On all

such purchases, the contractor, or his surety, agrees to promptly reimburse the State for excess costs occasioned by such default. Should the cost be less, the contractor shall have no claim to the difference.

b. A contractor who fails to commence within the time specified or complete an award made for repairs, alterations, construction, or any other service will be considered in default of contract. The Purchasing Agent may contract for completion of the work with another contractor and seek recourse from the defaulting contractor or his surety.

c. If contractor consistently fails to deliver quantities or otherwise perform as specified, the Purchasing Agent reserves the right to cancel the contract and purchase the balance in the open market at the contractor's expense.

35. INDEMNITY - The contractor guarantees:

a. To save the State, its agents and employees, harmless from any liability imposed upon the State arising from the negligence, either active or passive, of the contractor, as well as for the use of any copyrighted or non-copyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in the performance of the contract of which the contractor is not the patentee, assignee or licensee.

b. To pay for all permits, licenses and fees and give all notices and comply with all laws, ordinances, rules and regulations of the city or town in which the installation is to be made and of the State of Rhode Island.

c. That the equipment offered is standard new equipment, latest model of regular stock product with all parts regularly used with the type of equipment offered; also, that no attachment or part has been substituted or applied contrary to manufacturer's recommendations and standard practice.

36. CONTRACTOR'S OBLIGATIONS - In addition to the specific requirements of the contract, construction and building repair contractors bear the following standard responsibilities:

a. To furnish adequate protection from damage for all work and to repair damages of any kind, for which he or his workmen are responsible, to the building or equipment, to his own work, or to the work of other contractors;

b. To clear and remove all debris and rubbish resulting from his work from time to time, as directed or required, a completion of the work leave the premises in a neat unobstructed condition, broom clean, and in satisfactory order and repair;

c. To store equipment, supplies, and material at the site only upon approval by the State, and at his own risk;

d. To perform all work so as to cause the least inconvenience to the State, and with proper consideration for the rights of other contractors and workmen;

e. To acquaint themselves with conditions to be found at the site, and to assume responsibility for the appropriate dispatching of equipment and supervision of his employees during the conduct of the work; and

f. To ensure that his employees are instructed with respect to special regulations, policies, and procedures in effect for any State facility or site, and that they comply with such rules.

37. FORCE MAJEURE - All orders shall be filled by the contractor with reasonable promptness, but the contractor shall not be held responsible for any losses resulting if the fulfillment of the terms of the contract shall be delayed or prevented by wars, acts of public enemies, strikes, fires, floods, acts of God, or for any other acts not within the control of the contractor and which by the exercise of reasonable diligence, the contractor is unable to prevent.

2.1.3 ADDENDA

<i>Addendum V</i>	NOTICE TO DEPARTMENT OF HUMAN SERVICES PROVIDERS OF THEIR RESPONSIBILITIES UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964
<i>Addendum VI</i>	NOTICE TO DEPARTMENT OF HUMAN SERVICES PROVIDERS OF THEIR RESPONSIBILITIES UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973
<i>Addendum VII</i>	DRUG-FREE WORKPLACE POLICY
<i>Addendum VIII</i>	DRUG-FREE WORKPLACE POLICY CONTRACTOR CERTIFICATE OF COMPLIANCE
<i>Addendum IX</i>	SUBCONTRACTOR COMPLIANCE
<i>Addendum X</i>	CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE
<i>Addendum XI</i>	INSTRUCTIONS FOR CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS
<i>Addendum XII</i>	CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS
<i>Addendum XIII</i>	LIQUIDATED DAMAGES
<i>Addendum XIV</i>	EQUAL EMPLOYMENT OPPORTUNITY
<i>Addendum XV</i>	BYRD ANTI-LOBBYING AMENDMENT
<i>Addendum XVIII</i>	FEDERAL SUBAWARD REPORTING

ADDENDUM V

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

NOTICE TO DEPARTMENT OF HUMAN SERVICES SERVICE PROVIDERS OF THEIR RESPONSIBILITIES UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

PUBLIC AND PRIVATE AGENCIES, ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT RECEIVE FEDERAL FINANCIAL ASSISTANCE THROUGH THE DEPARTMENT OF HUMAN SERVICES (DHS) ARE SUBJECT TO THE PROVISIONS OF TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND THE IMPLEMENTING REGULATIONS OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), WHICH IS LOCATED AT 45 CFR, PART 80, COLLECTIVELY REFERRED TO HERINAFTER AS TITLE VI. DHS CONTRACTS WITH CONTRACTORS INCLUDE A CONTRACTOR'S ASSURANCE THAT IN COMPLIANCE WITH TITLE VI AND THE IMPLEMENTING REGULATIONS, NO PERSON SHALL BE EXCLUDED FROM PARTICIPATION IN, DENIED THE BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION IN ITS PROGRAMS AND ACTIVITIES ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. ADDITIONAL DHHS GUIDANCE IS LOCATED AT 68 FR 47311-02.

DHS RESERVES ITS RIGHT TO AT ANY TIME REVIEW CONTRACTORS TO ASSURE THAT THEY ARE COMPLYING WITH THESE REQUIREMENTS. FURTHER, DHS RESERVES ITS RIGHT TO AT ANY TIME REQUIRE FROM CONTRACTORS, SUB-CONTRACTORS AND VENDORS THAT THEY ARE ALSO COMPLYING WITH TITLE VI.

THE CONTRACTOR SHALL HAVE POLICIES AND PROCEDURES IN EFFECT, INCLUDING, A MANDATORY WRITTEN COMPLIANCE PLAN, WHICH ARE DESIGNED TO ASSURE COMPLIANCE WITH TITLE VI. AN ELECTRONIC COPY OF THE SERVICE PROVIDERS WRITTEN COMPLIANCE PLAN AND ALL RELEVANT POLICIES, PROCEDURES, WORKFLOWS AND RELEVANT CHART OF RESPONSIBLE PERSONNEL MUST BE AVAILABLE TO DHS UPON REQUEST.

THE CONTRACTOR'S WRITTEN COMPLIANCE PLAN MUST ADDRESS THE FOLLOWING REQUIREMENTS:

- ❑ WRITTEN POLICIES, PROCEDURES AND STANDARDS OF CONDUCT THAT ARTICULATE THE ORGANIZATION'S COMMITMENT TO COMPLY WITH ALL TITLE VI STANDARDS.
- ❑ DESIGNATION OF A COMPLIANCE OFFICER WHO IS ACCOUNTABLE TO THE SERVICE PROVIDER'S SENIOR MANAGEMENT.
- ❑ EFFECTIVE TRAINING AND EDUCATION FOR THE COMPLIANCE OFFICER AND THE ORGANIZATION'S EMPLOYEES.

- ❑ ENFORCEMENT OF STANDARDS THROUGH WELL-PUBLICIZED GUIDELINES.
- ❑ PROVISION FOR INTERNAL MONITORING AND AUDITING.
- ❑ WRITTEN COMPLAINT PROCEDURES
- ❑ PROVISION FOR PROMPT RESPONSE TO ALL COMPLAINTS, DETECTED OFFENSES OR LAPSES, AND FOR DEVELOPMENT AND IMPLEMENTATION OF CORRECTIVE ACTION INITIATIVES.
- ❑ PROVISION THAT ALL CONTRACTORS, SUB-CONTRACTORS AND VENDORS OF THE SERVICE PROVIDER EXECUTE ASSURANCES THAT SAID CONTRACTORS, SUB-CONTRACTORS AND VENDORS ARE IN COMPLIANCE WITH TITLE VI.

THE CONTRACTOR MUST ENTER INTO AN AGREEMENT WITH EACH SUB-CONTRACTOR OR VENDOR UNDER WHICH THERE IS THE PROVISION TO FURNISH TO IT, DHHS OR DHS ON REQUEST FULL AND COMPLETE INFORMATION RELATED TO TITLE VI COMPLIANCE.

THE CONTRACTOR MUST SUBMIT, WITHIN THIRTY-FIVE (35) DAYS OF THE DATE OF A REQUEST BY DHHS OR DHS, FULL AND COMPLETE INFORMATION ON TITLE VI COMPLIANCE BY THE CONTRACTOR AND/OR ANY SUB-CONTRACTOR OR VENDOR OF THE CONTRACTOR.

IT IS THE RESPONSIBILITY OF EACH CONTRACTOR TO ACQUAINT ITSELF WITH ALL OF THE PROVISIONS OF THE TITLE VI REGULATIONS. A COPY OF THE REGULATIONS IS AVAILABLE UPON REQUEST FROM THE COMMUNITY RELATIONS LIAISON OFFICER, **DEPARTMENT OF HUMAN SERVICES**, 57 HOWARD AVENUE, CRANSTON, RI 02920; TELEPHONE NUMBER: (401) 462-2130.

THE REGULATIONS ADDRESS THE FOLLOWING TOPICS:

SECTION:

- 80.1 PURPOSE
- 80.2 APPLICATION OF THIS REGULATION
- 80.3 DISCRIMINATION PROHIBITED
- 80.4 ASSURANCES REQUIRED
- 80.5 ILLUSTRATIVE APPLICATIONS
- 80.6 COMPLIANCE INFORMATION
- 80.7 CONDUCT OF INVESTIGATIONS
- 80.8 PROCEDURE FOR EFFECTING COMPLIANCE
- 80.9 HEARINGS
- 80.10 DECISIONS AND NOTICES
- 80.11 JUDICIAL REVIEW

80.12 EFFECT ON OTHER REGULATIONS; FORMS AND INSTRUCTIONS
80.13 DEFINITION

ADDENDUM VI

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

**NOTICE TO RHODE ISLAND DEPARTMENT OF HUMAN SERVICES'
CONTRACTORS OF THEIR RESPONSIBILITIES UNDER
SECTION USC 504 OF THE REHABILITATION ACT OF 1973**

PUBLIC AND PRIVATE AGENCIES, ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT RECEIVE FEDERAL FINANCIAL ASSISTANCE THROUGH THE **DEPARTMENT OF HUMAN SERVICES (DHS)** ARE SUBJECT TO THE PROVISIONS OF SECTION 504 OF THE REHABILITATION ACT OF 1973 AND THE IMPLEMENTING REGULATIONS OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), WHICH ARE LOCATED AT 45 CFR, PART 84 HERINAFTER COLLECTIVELY REFERRED TO AS SECTION 504. DHS CONTRACTS WITH SERVICE PROVIDERS INCLUDE THE PROVIDER'S ASSURANCE THAT IT WILL COMPLY WITH SECTION 504 OF THE REGULATIONS, WHICH PROHIBITS DISCRIMINATION AGAINST HANDICAPPED PERSONS IN PROVIDING HEALTH, WELFARE, OR OTHER SOCIAL SERVICES OR BENEFITS.

THE CONTRACTOR SHALL HAVE POLICIES AND PROCEDURES IN EFFECT, INCLUDING, A MANDATORY WRITTEN COMPLIANCE PLAN, WHICH ARE DESIGNED TO ASSURE COMPLIANCE WITH SECTION 504. AN ELECTRONIC COPY OF THE CONTRACTOR'S WRITTEN COMPLIANCE PLAN AND ALL RELEVANT POLICIES, PROCEDURES, WORKFLOWS AND RELEVANT CHART OF RESPONSIBLE PERSONNEL MUST BE AVAILABLE TO DHS UPON REQUEST.

THE CONTRACTOR'S WRITTEN COMPLIANCE PLAN MUST ADDRESS THE FOLLOWING REQUIREMENTS:

- ❑ WRITTEN POLICIES, PROCEDURES AND STANDARDS OF CONDUCT THAT ARTICULATE THE ORGANIZATION'S COMMITMENT TO COMPLY WITH ALL SECTION 504 STANDARDS.
- ❑ DESIGNATION OF A COMPLIANCE OFFICER WHO IS ACCOUNTABLE TO THE SERVICE PROVIDER'S SENIOR MANAGEMENT.
- ❑ EFFECTIVE TRAINING AND EDUCATION FOR THE COMPLIANCE OFFICER AND THE ORGANIZATION'S EMPLOYEES.
- ❑ ENFORCEMENT OF STANDARDS THROUGH WELL-PUBLICIZED GUIDELINES.
- ❑ PROVISION FOR INTERNAL MONITORING AND AUDITING.
- ❑ WRITTEN COMPLAINT PROCEDURES

- PROVISION FOR PROMPT RESPONSE TO ALL COMPLAINTS, DETECTED OFFENSES OR LAPSES, AND FOR DEVELOPMENT AND IMPLEMENTATION OF CORRECTIVE ACTION INITIATIVES.
- PROVISION THAT ALL CONTRACTORS, SUB-CONTRACTORS AND VENDORS OF THE SERVICE PROVIDER EXECUTE ASSURANCES THAT SAID CONTRACTORS, SUB-CONTRACTORS AND VENDORS ARE IN COMPLIANCE WITH SECTION 504.

THE CONTRACTOR MUST ENTER INTO AN AGREEMENT WITH EACH SUB-CONTRACTOR OR VENDOR UNDER WHICH THERE IS THE PROVISION TO FURNISH TO THE CONTRACTOR, DHHS OR DHS ON REQUEST FULL AND COMPLETE INFORMATION RELATED TO SECTION 504 COMPLIANCE.

THE CONTRACTOR MUST SUBMIT, WITHIN THIRTY-FIVE (35) DAYS OF THE DATE OF A REQUEST BY DHHS OR DHS, FULL AND COMPLETE INFORMATION ON SECTION 504 COMPLIANCE BY THE CONTRACTOR AND/OR ANY SUB-CONTRACTOR OR VENDOR OF THE CONTRACTOR.

IT IS THE RESPONSIBILITY OF EACH CONTRACTOR TO ACQUAINT ITSELF WITH ALL OF THE PROVISIONS OF THE SECTION 504 REGULATIONS. A COPY OF THE REGULATIONS, TOGETHER WITH AN AUGUST 14, 1978 POLICY INTERPRETATION OF GENERAL INTEREST TO PROVIDERS OF HEALTH, WELFARE, OR OTHER SOCIAL SERVICES OR BENEFITS, IS AVAILABLE UPON REQUEST FROM THE COMMUNITY RELATIONS LIAISON OFFICER, **DEPARTMENT OF HUMAN SERVICES**, 57 HOWARD AVENUE, CRANSTON, RI 02920; TELEPHONE NUMBER (401) 462-2130.

CONTRACTORS SHOULD PAY PARTICULAR ATTENTION TO SUBPARTS A, B, C, AND F OF THE REGULATIONS WHICH PERTAIN TO THE FOLLOWING:

**SUBPART A - GENERAL PROVISIONS
SECTION:**

84.1	PURPOSE
84.2	APPLICATIONS
84.3	DEFINITIONS
84.4	DISCRIMINATION PROHIBITED
84.5	ASSURANCE REQUIRED
84.6	REMEDIAL ACTION, VOLUNTARY ACTION, AND SELF-EVALUATION
84.7	DESIGNATION OF RESPONSIBLE EMPLOYEE AND ADOPTIVE GRIEVANCE PROCEDURES
84.8	NOTICE
84.9	ADMINISTRATIVE REQUIREMENTS FOR SMALL RECIPIENTS

84.10 EFFECT OF STATE OR LOCAL LAW OR
OTHER REQUIREMENTS AND EFFECT OF
EMPLOYMENT OPPORTUNITIES

SUBPART B - EMPLOYMENT PRACTICES

SECTION:

84.11 DISCRIMINATION PROHIBITED
84.12 REASONABLE ACCOMMODATION
84.13 EMPLOYMENT CRITERIA
84.14 PREEMPLOYMENT INQUIRIES
84.15 - 84.20 (RESERVED)

SUBPART C - PROGRAM ACCESSIBILITY

SECTION:

84.21 DISCRIMINATION PROHIBITED
84.22 EXISTING FACILITIES
84.23 NEW CONSTRUCTION
84.24 - 84.30 (RESERVED)

SUBPART F - HEALTH, WELFARE, AND SOCIAL SERVICES

SECTION:

84.51 APPLICATION OF THIS SUBPART
84.52 HEALTH, WELFARE, AND OTHER SOCIAL
SERVICES
84.53 DRUG AND ALCOHOL ADDICTS
84.54 EDUCATION AND INSTITUTIONALIZED
PERSONS

ADDENDUM VII

DRUG-FREE WORKPLACE POLICY

DRUG USE AND ABUSE AT THE WORKPLACE OR WHILE ON DUTY ARE SUBJECTS OF IMMEDIATE CONCERN IN OUR SOCIETY. THESE PROBLEMS ARE EXTREMELY COMPLEX AND ONES FOR WHICH THERE ARE NO EASY SOLUTIONS. FROM A SAFETY PERSPECTIVE, THE USERS OF DRUGS MAY IMPAIR THE WELL-BEING OF ALL EMPLOYEES, THE PUBLIC AT LARGE, AND RESULT IN DAMAGE TO PROPERTY. THEREFORE, IT IS THE POLICY OF THE STATE THAT THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE IS PROHIBITED IN THE WORKPLACE. ANY EMPLOYEE(S) VIOLATING THIS POLICY WILL BE SUBJECT TO DISCIPLINE UP TO AND INCLUDING TERMINATION. AN EMPLOYEE MAY ALSO BE DISCHARGED OR OTHERWISE DISCIPLINED FOR A CONVICTION INVOLVING ILLICIT DRUG USE, REGARDLESS OF WHETHER THE EMPLOYEE'S CONDUCT WAS DETECTED WITHIN EMPLOYMENT HOURS OR WHETHER HIS/HER ACTIONS WERE CONNECTED IN ANY WAY WITH HIS OR HER EMPLOYMENT. THE SPECIFICS OF THIS POLICY ARE AS FOLLOWS:

1. ANY UNAUTHORIZED EMPLOYEE WHO GIVES OR IN ANY WAY TRANSFERS A CONTROLLED SUBSTANCE TO ANOTHER PERSON OR SELLS OR MANUFACTURES A CONTROLLED SUBSTANCE WHILE ON DUTY, REGARDLESS OF WHETHER THE EMPLOYEE IS ON OR OFF THE PREMISES OF THE EMPLOYER WILL BE SUBJECT TO DISCIPLINE UP TO AND INCLUDING TERMINATION.
2. THE TERM "CONTROLLED SUBSTANCE" MEANS ANY DRUGS LISTED IN 21 USC, SECTION 812 AND OTHER FEDERAL REGULATIONS. GENERALLY, ALL ILLEGAL DRUGS AND SUBSTANCES ARE INCLUDED, SUCH AS MARIJUANA, HEROIN, MORPHINE, COCAINE, CODEINE OR OPIUM ADDITIVES, LSD, DMT, STP, AMPHETAMINES, METHAMPHETAMINES, AND BARBITURATES.
3. EACH EMPLOYEE IS REQUIRED BY LAW TO INFORM THE AGENCY WITHIN FIVE (5) DAYS AFTER HE/SHE IS CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATE CRIMINAL DRUG STATUTE. A CONVICTION MEANS A FINDING OF GUILT (INCLUDING A PLEA OF NOLO CONTENDERE) OR THE IMPOSITION OF A SENTENCE BY A JUDGE OR JURY IN ANY FEDERAL OR STATE COURT.
4. THE EMPLOYER (THE HIRING AUTHORITY) WILL BE RESPONSIBLE FOR REPORTING CONVICTION(S) TO THE APPROPRIATE FEDERAL GRANTING SOURCE WITHIN TEN (10) DAYS AFTER RECEIVING NOTICE FROM THE EMPLOYEE OR OTHERWISE RECEIVES ACTUAL NOTICE OF SUCH CONVICTION(S). ALL CONVICTION(S) MUST BE REPORTED IN WRITING TO THE OFFICE OF PERSONNEL ADMINISTRATION (OPA) WITHIN THE SAME TIME FRAME.
5. IF AN EMPLOYEE IS CONVICTED OF VIOLATING ANY CRIMINAL DRUG STATUTE WHILE ON DUTY, HE/ SHE WILL BE SUBJECT TO DISCIPLINE UP TO AND INCLUDING TERMINATION. CONVICTION(S) WHILE OFF DUTY MAY RESULT IN DISCIPLINE OR DISCHARGE.
6. THE STATE ENCOURAGES ANY EMPLOYEE WITH A DRUG ABUSE PROBLEM TO SEEK ASSISTANCE FROM THE RHODE ISLAND EMPLOYEE ASSISTANCE

PROGRAM (RIEAP). YOUR DEPARTMENT PERSONNEL OFFICER HAS MORE INFORMATION ON RIEAP.

7. THE LAW REQUIRES ALL EMPLOYEES TO ABIDE BY THIS POLICY.

ADDENDUM VIII

DRUG-FREE WORKPLACE POLICY

CONTRACTOR CERTIFICATE OF COMPLIANCE

I, _____, (NAME) _____ (TITLE) _____ (CONTRACTOR NAME), A CONTRACTOR DOING BUSINESS WITH THE STATE OF RHODE ISLAND, HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE STATE'S POLICY REGARDING THE MAINTENANCE OF A **DRUG-FREE WORKPLACE**. I HAVE BEEN INFORMED THAT THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE (TO INCLUDE BUT NOT LIMITED TO SUCH DRUGS AS MARIJUANA, HEROIN, COCAINE, PCP, AND CRACK, AND MAY ALSO INCLUDE LEGAL DRUGS WHICH MAY BE PRESCRIBED BY A LICENSED PHYSICIAN IF THEY ARE ABUSED), IS PROHIBITED ON THE STATE'S PREMISES OR WHILE CONDUCTING STATE BUSINESS. I ACKNOWLEDGE THAT MY EMPLOYEES MUST REPORT FOR WORK IN A FIT CONDITION TO PERFORM THEIR DUTIES.

AS A CONDITION FOR CONTRACTING WITH THE STATE, AS A RESULT OF THE FEDERAL OMNIBUS DRUG ACT, I WILL REQUIRE MY EMPLOYEES TO ABIDE BY THE STATE'S POLICY. FURTHER, I RECOGNIZE THAT ANY VIOLATION OF THIS POLICY MAY RESULT IN THE TERMINATION OF THE CONTRACT.

ADDENDUM IX

SUBCONTRACTOR COMPLIANCE

I, _____ (NAME), _____ (TITLE), _____ (CONTRACTOR NAME),
A CONTRACTOR DOING BUSINESS WITH THE STATE OF RHODE ISLAND, HEREBY
CERTIFY THAT ALL APPROVED SUBCONTRACTORS PERFORMING SERVICES
PURSUANT TO THIS AGREEMENT WILL HAVE EXECUTED WRITTEN CONTRACTS
WITH (CONTRACTOR NAME). ALL SUCH CONTRACTS SHALL CONTAIN
LANGUAGE IDENTICAL TO THE FOLLOWING PROVISIONS OF THIS AGREEMENT
AS FOLLOWS:

PAR. 12. CONTACTOR'S LIABILITY/INDEMNIFICATION

PAR. 13. NONDISCRIMINATION IN EMPLOYMENT AND SERVICES

ADDENDUM X

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

PUBLIC LAW 103-227, PART C - ENVIRONMENTAL TOBACCO SMOKE, ALSO KNOWN AS THE PRO-CHILDREN ACT OF 1994 (ACT) , REQUIRES THAT SMOKING NOT BE PERMITTED IN ANY PORTION OF ANY INDOOR FACILITY OWNED OR LEASED OR CONTRACTED FOR BY AN ENTITY AND USED ROUTINELY OR REGULARLY FOR THE PROVISION OF HEALTH, DAY CARE, EDUCATION, OR LIBRARY SERVICES TO CHILDREN UNDER THE AGE OF 18, IF THE SERVICES ARE FUNDED BY FEDERAL PROGRAMS EITHER DIRECTLY OR THROUGH STATE OR LOCAL GOVERNMENTS, BY FEDERAL GRANT, CONTRACT, LOAN, OR LOAN GUARANTEE. THE LAW DOES NOT APPLY TO CHILDREN'S SERVICES PROVIDED IN PRIVATE RESIDENCES, FACILITIES FUNDED SOLELY BY MEDICARE OR MEDICAID FUNDS, AND PORTIONS OF FACILITIES USED FOR INPATIENT DRUG OR ALCOHOL TREATMENT. FAILURE TO COMPLY WITH THE PROVISIONS OF THE LAW MAY RESULT IN THE IMPOSITION OF A CIVIL MONETARY PENALTY OF UP TO \$1000 PER DAY AND/OR THE IMPOSITION OF AN ADMINISTRATIVE COMPLIANCE ORDER ON THE RESPONSIBLE ENTITY.

BY SIGNING AND SUBMITTING THIS APPLICATION THE APPLICANT/CONTRACTOR CERTIFIES THAT IT WILL COMPLY WITH THE REQUIREMENTS OF THE ACT. THE APPLICANT/CONTRACTOR FURTHER AGREES THAT IT WILL REQUIRE THE LANGUAGE OF THIS CERTIFICATION BE INCLUDED IN ANY SUB-AWARDS WHICH CONTAIN PROVISIONS FOR CHILDREN'S SERVICES AND THAT ALL SUB-CONTRACTORS SHALL CERTIFY ACCORDINGLY.

ADDENDUM XI

**INSTRUCTIONS FOR CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

PRIMARY COVERED TRANSACTIONS

BY SIGNING AND SUBMITTING THIS PROPOSAL, THE PROSPECTIVE PRIMARY PARTICIPANT IS PROVIDING THE CERTIFICATION SET OUT BELOW.

1. THE INABILITY OF A PERSON TO PROVIDE THE CERTIFICATION REQUIRED BELOW WILL NOT NECESSARILY RESULT IN DENIAL OF PARTICIPATION IN THIS COVERED TRANSACTION. IF NECESSARY, THE PROSPECTIVE PARTICIPANT SHALL SUBMIT AN EXPLANATION OF WHY IT CANNOT PROVIDE THE CERTIFICATION. THE CERTIFICATION OR EXPLANATION WILL BE CONSIDERED IN CONNECTION WITH THE DEPARTMENT'S DETERMINATION WHETHER TO ENTER INTO THIS TRANSACTION. HOWEVER, FAILURE OF THE PROSPECTIVE PRIMARY PARTICIPANT TO FURNISH A CERTIFICATION OR EXPLANATION SHALL DISQUALIFY SUCH PERSON FROM PARTICIPATION IN THIS TRANSACTION.
2. THE CERTIFICATION IN THIS CLAUSE IS A MATERIAL REPRESENTATION OF FACT UPON WHICH RELIANCE WAS PLACED WHEN THE DEPARTMENT DETERMINED THAT THE PROSPECTIVE PRIMARY PARTICIPANT KNOWINGLY RENDERED AN ERRONEOUS CERTIFICATION, IN ADDITION TO OTHER REMEDIES AVAILABLE TO THE DEPARTMENT. THE DEPARTMENT MAY TERMINATE THIS TRANSACTION FOR CAUSE OR DEFAULT.
3. THE PROSPECTIVE PRIMARY PARTICIPANT SHALL PROVIDE IMMEDIATE WRITTEN NOTICE TO THE DEPARTMENT IF AT ANY TIME THE PROSPECTIVE PRIMARY PARTICIPANT LEARNS THAT ITS CERTIFICATION WAS ERRONEOUS WHEN SUBMITTED OR HAS BECOME ERRONEOUS BY REASON OF CHANGED CIRCUMSTANCES.
4. THE TERMS "COVERED TRANSACTION," "DEBARRED," "SUSPENDED," "INELIGIBLE," "LOWER TIER COVERED TRANSACTION," "PARTICIPANT," "PERSON," "PRIMARY COVERED TRANSACTION," "PRINCIPAL," "PROPOSAL," AND "VOLUNTARILY EXCLUDED," AS USED IN THIS CLAUSE, HAVE THE MEANINGS SET OUT IN THE DEFINITIONS AND COVERAGE SECTIONS OF THE RULES IMPLEMENTING EXECUTIVE ORDER 12549: 45 CFR PART 76.
5. THE PROSPECTIVE PRIMARY PARTICIPANT AGREES BY SUBMITTING THIS PROPOSAL THAT, SHOULD THE PROPOSED COVERED TRANSACTION BE ENTERED INTO, IT SHALL NOT KNOWINGLY ENTER INTO ANY LOWER TIER COVERED TRANSACTION WITH A PERSON WHO IS DEBARRED, SUSPENDED, DECLARED INELIGIBLE, OR VOLUNTARILY EXCLUDED FROM PARTICIPATION IN THIS COVERED TRANSACTION, UNLESS AUTHORIZED BY THE DEPARTMENT.
6. THE PROSPECTIVE PRIMARY PARTICIPANT FURTHER AGREES BY SUBMITTING THIS PROPOSAL THAT IT WILL INCLUDE THE CLAUSE TITLED CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS, PROVIDED BY DHS, WITHOUT MODIFICATION, IN ALL LOWER TIER COVERED TRANSACTIONS AND IN ALL SOLICITATIONS FOR LOWER TIER COVERED TRANSACTIONS.
7. A PARTICIPANT IN A COVERED TRANSACTION MAY RELY UPON A CERTIFICATION OF A PROSPECTIVE PARTICIPANT IN A LOWER TIER

COVERED TRANSACTION THAT IS NOT DEBARRED, SUSPENDED, INELIGIBLE, OR VOLUNTARILY EXCLUDED FROM THE COVERED TRANSACTION, UNLESS IT KNOWS THAT THE CERTIFICATION IS ERRONEOUS. A PARTICIPANT MAY DECIDE THE METHOD AND FREQUENCY BY WHICH IT DETERMINES THE ELIGIBILITY OF ITS PRINCIPALS. EACH PARTICIPANT MAY, BUT IS NOT REQUIRED TO, CHECK THE NONPROCUREMENT LIST (OF EXCLUDED PARTIES).

8. NOTHING CONTAINED IN THE FOREGOING SHALL BE CONSTRUED TO REQUIRE ESTABLISHMENT OF A SYSTEM OF RECORDS IN ORDER TO RENDER IN GOOD FAITH THE CERTIFICATION REQUIRED BY THIS CLAUSE. THE KNOWLEDGE AND INFORMATION OF A PARTICIPANT IS NOT REQUIRED TO EXCEED THAT WHICH IS NORMALLY POSSESSED BY AS PRUDENT PERSON IN THE ORDINARY COURSE OF BUSINESS DEALINGS.
9. EXCEPT FOR TRANSACTIONS AUTHORIZED UNDER PARAGRAPH 6 OF THESE INSTRUCTIONS, IF A PARTICIPANT IN A COVERED TRANSACTION KNOWINGLY ENTERS INTO A LOWER TIER COVERED TRANSACTION WITH A PERSON WHO IS SUSPENDED, DEBARRED, INELIGIBLE, OR VOLUNTARILY EXCLUDED FROM PARTICIPATION IN THIS TRANSACTION, IN ADDITION TO OTHER REMEDIES AVAILABLE TO THE FEDERAL GOVERNMENT, THE DEPARTMENT MAY TERMINATE THIS TRANSACTION FOR CAUSE OF DEFAULT.

ADDENDUM XII

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER
RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS**

THE CONTRACTOR, AS THE PRIMARY PARTICIPANT, CERTIFIES TO THE BEST OF THE CONTRACTOR'S KNOWLEDGE AND BELIEF, THAT THE CONTRACTOR AND ITS PRINCIPALS:

1. ARE NOT PRESENTLY DEBARRED, SUSPENDED, PROPOSED FOR DEBARMENT, DECLARED INELIGIBLE, OR VOLUNTARILY EXCLUDED FROM COVERED TRANSACTIONS BY ANY FEDERAL DEPARTMENT OR AGENCY;
2. HAVE NOT WITHIN A THREE (3) YEAR PERIOD PRECEDING THIS PROPOSAL BEEN CONVICTED OF OR HAD A CIVIL JUDGEMENT RENDERED AGAINST THEM FOR COMMISSION OF FRAUD OR A CRIMINAL OFFENSE IN CONNECTION WITH OBTAINING, ATTEMPTING TO OBTAIN, OR PERFORMING A PUBLIC (FEDERAL, STATE OR LOCAL) TRANSACTION OR CONTRACT UNDER PUBLIC TRANSACTION; VIOLATION OF FEDERAL OR STATE ANTITRUST STATUTES OR COMMISSION OF EMBEZZLEMENT, THEFT, FORGERY, BRIBERY, FALSIFICATION OR DESTRUCTION OF RECORDS, MAKING FALSE STATEMENTS, OR RECEIVING STOLEN PROPERTY;
3. ARE NOT PRESENTLY INDICATED OR OTHERWISE CRIMINALLY OR CIVILLY CHARGED BY A GOVERNMENTAL ENTITY (FEDERAL, STATE OR LOCAL) WITH COMMISSION OF ANY OF THE OFFENSES ENUMERATED IN PARAGRAPH 2 OF THIS CERTIFICATION; AND
4. HAVE NOT WITHIN A THREE (3) YEAR PERIOD PRECEDING THIS APPLICATION/PROPOSAL HAD ONE OR MORE PUBLIC TRANSACTIONS (FEDERAL, STATE OR LOCAL) TERMINATED FOR CAUSE OR DEFAULT.

WHERE THE PROSPECTIVE PRIMARY PARTICIPANT IS UNABLE TO CERTIFY TO ANY OF THE STATEMENT IN THIS CERTIFICATION, SUCH PROSPECTIVE PARTICIPANT SHALL ATTACH AN EXPLANATION TO THIS PROPOSAL.

ADDENDUM XIII

LIQUIDATED DAMAGES

THE PROSPECTIVE PRIMARY PARTICIPANT CONTRACTOR AGREES THAT TIME IS OF THE ESSENCE IN THE PERFORMANCE OF CERTAIN DESIGNATED PORTIONS OF THIS CONTRACT. THE DEPARTMENT AND THE CONTRACTOR AGREE THAT IN THE EVENT OF A FAILURE TO MEET THE MILESTONES AND PROJECT DELIVERABLE DATES OR ANY STANDARD OF PERFORMANCE WITHIN THE TIME SET FORTH IN THE DEPARTMENT'S BID PROPOSAL AND THE CONTRACTOR'S PROPOSAL RESPONSE (ADDENDUM XVI), DAMAGE SHALL BE SUSTAINED BY THE DEPARTMENT AND THAT IT MAY BE IMPRACTICAL AND EXTREMELY DIFFICULT TO ASCERTAIN AND DETERMINE THE ACTUAL DAMAGES WHICH THE DEPARTMENT WILL SUSTAIN BY REASON OF SUCH FAILURE. IT IS THEREFORE AGREED THAT DEPARTMENT, AT ITS SOLE OPTION, MAY REQUIRE THE CONTRACTOR TO PAY LIQUIDATED DAMAGES FOR SUCH FAILURES WITH THE FOLLOWING PROVISIONS:

1. WHERE THE FAILURE IS THE SOLE AND EXCLUSIVE FAULT OF THE DEPARTMENT, NO LIQUIDATED DAMAGES SHALL BE IMPOSED. TO THE EXTENT THAT EACH PARTY IS RESPONSIBLE FOR THE FAILURE, LIQUIDATED DAMAGES SHALL BE REDUCED BY THE APPORTIONED SHARE OF SUCH RESPONSIBILITY.
2. FOR ANY FAILURE BY THE CONTRACTOR TO MEET ANY PERFORMANCE STANDARD, MILESTONE OR PROJECT DELIVERABLE, THE DEPARTMENT MAY REQUIRE THE CONTRACTOR TO PAY LIQUIDATED DAMAGES IN THE AMOUNT(S) AND AS SET FORTH IN THE STATE'S GENERAL CONDITIONS OF PURCHASE AS DESCRIBED PARTICULARLY IN THE LOI, RFP, RFQ, OR SCOPE OF WORK, HOWEVER, ANY LIQUIDATED DAMAGES ASSESSED BY THE DEPARTMENT SHALL NOT EXCEED 10% OF THE TOTAL AMOUNT OF ANY SUCH MONTH'S INVOICE IN WHICH THE LIQUIDATED DAMAGES ARE ASSESSED AND SHALL NOT IN THE AGGREGATE, OVER THE LIFE OF THE AGREEMENT, EXCEED THE TOTAL CONTRACT VALUE.

WRITTEN NOTIFICATION OF FAILURE TO MEET A PERFORMANCE REQUIREMENT SHALL BE GIVEN BY THE DEPARTMENT'S PROJECT OFFICER TO THE CONTRACTOR'S PROJECT OFFICER. THE CONTRACTOR SHALL HAVE A REASONABLE PERIOD DESIGNATED BY THE DEPARTMENT FROM THE DATE OF RECEIPT OF WRITTEN NOTIFICATION. IF THE FAILURE IS NOT MATERIALLY RESOLVED WITHIN THIS PERIOD, LIQUIDATED DAMAGES MAY BE IMPOSED RETROACTIVELY TO THE DATE OF EXPECTED DELIVERY.

IN THE EVENT THAT LIQUIDATED DAMAGES HAVE BEEN IMPOSED AND RETAINED BY THE DEPARTMENT, ANY SUCH DAMAGES SHALL BE REFUNDED, PROVIDED THAT THE ENTIRE SYSTEM TAKEOVER HAS BEEN ACCOMPLISHED AND APPROVED BY THE DEPARTMENT ACCORDING TO THE ORIGINAL SCHEDULE DETAILED IN THE CONTRACTOR'S PROPOSAL RESPONSE INCLUDED IN THIS CONTRACT (ADDENDUM XVI) AS MODIFIED BY MUTUALLY AGREED UPON CHANGE ORDERS.

TO THE EXTENT LIQUIDATED DAMAGES HAVE BEEN ASSESSED, SUCH DAMAGES SHALL BE THE SOLE MONETARY REMEDY AVAILABLE TO THE DEPARTMENT FOR SUCH FAILURE. THIS DOES NOT PRECLUDE THE STATE FROM TAKING OTHER LEGAL ACTION.

ADDENDUM XIV

EQUAL EMPLOYMENT OPPORTUNITY

DURING THE PERFORMANCE OF THIS AGREEMENT, THE CONTRACTOR AGREES AS FOLLOWS:

1. THE CONTRACTOR SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT RELATING TO THIS AGREEMENT BECAUSE OF RACE, COLOR, RELIGIOUS CREED, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, PHYSICAL OR MENTAL DISABILITY, UNLESS RELATED TO A BONA FIDE OCCUPATIONAL QUALIFICATION. THE CONTRACTOR SHALL TAKE AFFIRMATIVE ACTION TO ENSURE THAT APPLICANTS ARE EMPLOYED AND EMPLOYEES ARE TREATED EQUALLY DURING EMPLOYMENT, WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR PHYSICAL OR MENTAL DISABILITY.

SUCH ACTION SHALL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING: EMPLOYMENT, UPGRADING, DEMOTIONS, OR TRANSFERS; RECRUITMENT OR RECRUITMENT ADVERTISING; LAYOFFS OR TERMINATIONS; RATES OF PAY OR OTHER FORMS OF COMPENSATION; AND SELECTION FOR TRAINING INCLUDING APPRENTICESHIP. THE CONTRACTOR AGREES TO POST IN CONSPICUOUS PLACES AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT NOTICES SETTING FORTH THE PROVISIONS OF THIS NONDISCRIMINATION CLAUSE.

2. THE CONTRACTOR SHALL, IN ALL SOLICITATIONS OR ADVERTISING FOR EMPLOYEES PLACED BY OR ON BEHALF OF THE CONTRACTOR RELATING TO THIS AGREEMENT, STATE THAT ALL QUALIFIED APPLICANTS SHALL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, PHYSICAL OR MENTAL DISABILITY.
3. THE CONTRACTOR SHALL INFORM THE CONTRACTING DEPARTMENT'S EQUAL EMPLOYMENT OPPORTUNITY COORDINATOR OF ANY DISCRIMINATION COMPLAINTS BROUGHT TO AN EXTERNAL REGULATORY BODY (RI ETHICS COMMISSION, RI DEPARTMENT OF ADMINISTRATION, US DHHS OFFICE OF CIVIL RIGHTS) AGAINST THEIR AGENCY BY ANY INDIVIDUAL AS WELL AS ANY LAWSUIT REGARDING ALLEGED DISCRIMINATORY PRACTICE.
4. THE CONTRACTOR SHALL COMPLY WITH ALL ASPECTS OF THE AMERICANS WITH DISABILITIES ACT (ADA) IN EMPLOYMENT AND IN THE PROVISION OF SERVICE TO INCLUDE ACCESSIBILITY AND REASONABLE ACCOMMODATIONS FOR EMPLOYEES AND CLIENTS.
5. CONTRACTORS AND SUBCONTRACTORS WITH AGREEMENTS IN EXCESS OF \$50,000 SHALL ALSO PURSUE IN GOOD FAITH AFFIRMATIVE ACTION PROGRAMS.
6. THE CONTRACTOR SHALL CAUSE THE FOREGOING PROVISIONS TO BE INSERTED IN ANY SUBCONTRACT FOR ANY WORK COVERED BY THIS AGREEMENT SO THAT SUCH PROVISIONS SHALL BE BINDING UPON EACH SUBCONTRACTOR, PROVIDED THAT THE FOREGOING PROVISIONS SHALL NOT APPLY TO CONTRACTS OR SUBCONTRACTS FOR STANDARD COMMERCIAL SUPPLIES OR RAW MATERIALS.

ADDENDUM XV

BYRD ANTI-LOBBYING AMENDMENT

NO FEDERAL OR STATE APPROPRIATED FUNDS SHALL BE EXPENDED BY THE CONTRACTOR FOR INFLUENCING OR ATTEMPTING TO INFLUENCE AN OFFICER OR EMPLOYEE OF ANY AGENCY, A MEMBER OF CONGRESS OR STATE LEGISLATURE, AN OFFICER OR EMPLOYEE OF CONGRESS OR STATE LEGISLATURE, OR AN EMPLOYEE OF A MEMBER OF CONGRESS OR STATE LEGISLATURE IN CONNECTION WITH ANY OF THE FOLLOWING COVERED ACTIONS: THE AWARDING OF ANY AGREEMENT; THE MAKING OF ANY GRANT; THE ENTERING INTO OF ANY COOPERATIVE AGREEMENT; AND THE EXTENSION, CONTINUATION, RENEWAL, AMENDMENT, OR MODIFICATION OF ANY AGREEMENT, GRANT, OR COOPERATIVE AGREEMENT. SIGNING THIS AGREEMENT FULFILLS THE REQUIREMENT THAT CONTRACTORS RECEIVING OVER \$100,000 IN FEDERAL OR STATE FUNDS FILE WITH THE DEPARTMENT ON THIS PROVISION.

IF ANY NON-FEDERAL OR STATE FUNDS HAVE BEEN OR WILL BE PAID TO ANY PERSON IN CONNECTION WITH ANY OF THE COVERED ACTIONS IN THIS PROVISION, THE CONTRACTOR SHALL COMPLETE AND SUBMIT A "DISCLOSURE OF LOBBYING ACTIVITIES" FORM.

THE CONTRACTOR MUST CERTIFY COMPLIANCE WITH ALL TERMS OF THE BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C 1352) AS PUBLISHED IN THE FEDERAL REGISTER MAY 27, 2003, VOLUME 68, NUMBER 101.

THE CONTRACTOR HEREBY CERTIFIES THAT IT WILL COMPLY WITH BYRD ANTI-LOBBYING AMENDMENT PROVISIONS AS DEFINED IN 45 CFR PART 93 AND AS AMENDED FROM TIME TO TIME.

FINAL RULE REQUIREMENTS CAN BE FOUND AT:

<http://www.socialsecurity.gov/oag/grants/20cfr438.pdf>

https://www.socialsecurity.gov/OP_Home/cfr20/435/435-ap01.htm

ADDENDUM XVIII

FEDERAL SUBAWARD REPORTING

For contracts awarding more than \$25,000 in FEDERAL funds, include Transparency Act Questionnaire for agency to complete and return.

If award is not for Federal funds, or is for less than \$25,000, enter N/A below, and no questionnaire should be mailed.

3.1 Host and Transaction Processing, Communication Facilities, and Hot Backup

Hardware/Software Components

Hardware	IBM 9672-R24, IBM 3745,
Operating System	OS/390, TSO 4.3.0, JES2, Connect Direct 3.2.0
Languages	Natural 3.1.4
Database Management System	ADABAS 5.3.3
Telecommunications	VTAM 3.4.2, NCP 7.4.0, CICS 2.1.2

Telecommunications Networks

EBT-only POS terminals have the ability to dial up to three different numbers for access to the X.25 network. If terminals receive a busy or no answer on the primary number they attempt to dial the secondary and then the tertiary number.

Transactions from POS terminals in local access telephone areas (LATA)s 980, 666, and 668-730 access the network via an 800 number.

A backup 800 service node is maintained at the main data center. Backup 800 service is available in all LATAs serving Rhode Island.

Host-To-Host Administrative Functionality

The Rhode Island Department of Human Services (RI DHS) operates eligibility determination for RIW and SNAP benefits (SNAP) on an eligibility system called InRhodes or equivalent. In Rhode Island, the cash assistance TANF program is known as the Rhode Island Works Program (RIW) and the food assistance program is known as the Supplemental Nutrition Assistance Program (SNAP).

The RI DHS eligibility system (InRhodes or equivalent) RIW and SNAP applications are designed to operate based on 3270 technology as well as PCs and Citrix Thin clients running terminal emulation. All terminals communicate with InRhodes or equivalent through an IBM SNA network. The EBT Administrative functionality is integrated into InRhodes or equivalent and provides for a real-time interface to the EBT vendor's system(s) through Enterprise Extender over Internet Protocol (IP). The physical connection is a private Frame Relay connections. This solution allows the State to format message-based transactions within an existing CICS application to be communicated to the vendor's EBT System for processing.

The online interface message transaction formats are listed in the *Online Interface Messages* section of section 3.2.

Batch Interface

At present, Rhode Island does not use the Batch Maintenance File Transfer interface to add or maintain any case data. Entry and updates of case data are done online in real time through the

InRhodes or equivalent integrated EBT functionality, as described in section 3.2, *Account Setup and Maintenance*. The batch interface is used to transmit recurring benefits to the EBT system for either monthly SNAP, semi-monthly cash, or miscellaneous items from daily online activity not paid in real time (e.g., supplemental payments resulting from batch interface processing) and to transmit changes to client case IDs (head of household social security numbers).

Because recurring benefits are transmitted in advance of their availability date, they do not need to be sent in real time. The State's data center transmits all monthly recurring RIW and SNAP benefits as well as any daily supplemental benefits authorizations to the EBT system through the **batch Secure File Transfer Protocol**. Transfer facility from the State's host computer located in Warwick, Rhode Island. Each batch consists of a header, multiple detail records, and a trailer record. A single transmission may contain multiple batches. Sending information through a batch interface minimizes the online impact of data management on the State's internal systems.

Although the batch interface is not currently used for account setup, the EBT vendor's system must include batch processes to support initial system loading and data conversion.

Batch Process

The current batch processes include the following two phases to ensure the accuracy of file transmissions and updating of the EBT system database.

Phase 1: Batch Receipt

During this phase, the date and time of the batch is checked to see that the batch has not been processed already. The number of records is verified and compared to the number sent in the trailer record to ensure that the complete batch is received. If a critical error occurs (for example, no header or trailer record is found), batch processing is stopped. All errors are reported on a Batch Refresh Error Report.

Phase 2: Database Edit and Update

During this phase, the record detail is validated against the EBT system database and the EBT system database updated with the file information. All of the client/cardholder account postings to the EBT system database are logged in a permanent audit file. The audit records contains all the information concerning the posting, such as the benefit type, benefit amount, availability date, and source of the posting. All errors are reported on the Batch Refresh Error Report.

Detailed batch file formats are presented in the *Batch File Formats* section of section 3.2.

Online Interface

The online interface is a message-based interface between InRhodes or equivalent and the current EBT vendor's system. The following information is provided to aid prospective bidders in the design of their respective solutions to fit and operate with InRhodes or equivalent.

The current vendor's interface design consists of the following components:

<i>State System</i>	An IBM mainframe whose computer(s) run the State eligibility system. All requests originate from this system.
<i>EBT System Vendor's Server</i>	The computer(s) runs the State EBT authorization system that receives requests from the State system. It does not initiate requests for the State system. This system runs on a Tandem server.
<i>ATLU62</i>	A Tandem process that processes LU6.2 requests from the State system and acts as a data communications handler. Business rules are not implemented; requests are passed through to the ATFAMS Pathway server class. Sessions and conversations are managed by this process. Only one ATLU62 process runs for a state interface.
<i>ATFAMS</i>	A Tandem Pathway server class that processes online interface requests. Requests may be either forwarded to the EBTSR000 OR EBAHB000 Pathway server classes or processed within the ATFAMS server class. The number of ATFAMS processes running is configurable.
<i>EBTSR000</i>	A Tandem Pathway server class that processes internal Authorization Engine requests. The number of EBTSR000 processes running is configurable.
<i>EBAHB000</i>	A Tandem Pathway server class that processes history requests. The number of EBAHB000 processes running is configurable.

Time-Out Handling

The system relies upon a configurable event timer. Requests to the ATFAMS server class that are not satisfied within the time out interval are discarded and backed out. An error reply is returned to the State's eligibility system for recovery/restart processing, the conversation is ended.

Description of the Current Process

The State's IBM has an LU6.2 communications link to APPN on the current vendor's Tandem. Within the APPN setup there exists an APC process that communicates to the parallel session, LU6.2 server. The LU6.2 server is responsible for passing the message based transactions to the Administrative Business Logic server which communicates to the Authorization Engine Logic for final processing. Along with the final processing, the Authorization Engine also updates the Non-Stop SQL data repository appropriately.

Setting up the IBM to Tandem (or Tandem equivalent) APPN communications link requires the following:

- Ordering and installation of a point-to-point link.
- Connection between the State's IBM and the Tandem (or Tandem equivalent).
- Configuration and activation of the point-to-point link, including line, IBM NCP, and Tandem or Tandem equivalent APPN definition.

Upon successful activation of the link, the State’s CICS definition is set up and acquires an LU6.2 conversation with the Tandem (or Tandem equivalent). Upon successfully acquiring the conversation, host-to-host transactions are then attempted and verified.

Bandwidth the InRhodes or equivalent EBT system interface is based on a set of variable length messages. The length of a message varies based on function. On average, the EBT contractor receives 2,927 records of 8,192 characters in length from the State over a 24-hour period.

The following table provides a summary of monthly statistics for your design and proposal considerations. The data below reflects the actual numbers for the time period, March 2011 through February 2012.

MONTH	ATM TRANS	POS TRANS	ARU	VOICE AUTHS	TOTAL
March 2011	23,952	896,999	152,000	767	1,073,718
April 2011	24,418	898,713	161,910	795	1,085,836
May 2011	25,048	933,827	155,481	856	1,115,212
June 2011	24,861	949,667	152,960	787	1,128,275
July 2011	25,356	977,557	155,432	844	1,159,189
August 2011	28,926	981,703	180,436	1,120	1,192,185
September 2011	25,996	1,101,080	225,588	872	1,353,536
October 2011	26,094	988,397	166,702	915	1,182,108
November 2011	25,749	961,138	178,422	904	1,166,213
December 2011	25,205	976,655	168,013	904	1,170,777
January 2012	25,529	953,660	159,704	956	1,139,849
February 2012	24,710	930,498	145,350	971	1,101,529
TOTAL	305,844	11,549,894	2,001,998	10,691	13,868,427

The following table reflects number of new and replacement EBT cards issued for the time period of December 2010 through November 2011 followed by the average number of cards issued throughout this period.

Month	Total New Cards	Replacement Cards
Mar-11	5,734	2,965
Apr-11	5,342	2,922
May-11	5,202	2,812
Jun-11	5,808	3,269
Jul-11	5,395	3,099
Aug-11	6,263	3,487

Sep-11	6,441	3,815
Oct-11	6,023	3,198
Nov-11	5,755	3,198
Dec-11	5,617	3,073
Jan-12	5,576	3,030
Feb-12	5,394	2,940
Average	5,712	3,151

Transaction Processing

Benefits can be accessed and distributed to clients through several methods and received in several forms. Multiple benefit authorizations may be used to process one transaction. When this occurs, the client’s benefit authorizations are disbursed according to the distribution priority shown in the Benefits Groups and Types table in section 2, *System Codes*.

Rhode Island does not require Card Authentication Value (CAV) validation.

ATM Usage Transaction Fees

Rhode Island currently allows 2 free transactions per month.

3.2 ACCOUNT SETUP AND MAINTENANCE

Account Setup Process

The following steps are required to set up a new client account. The EBT Administrative functionality is a customized interface into the InRhodes or equivalent 3270 terminal-based application. It supports EBT Administrative functionality from within InRhodes or equivalent, as opposed to a separately running PC based application.

1. The InRhodes or equivalent case and client data is established on the EBT system on a real-time basis using EBT Administrative Terminal functionality integrated into InRhodes or equivalent. Whenever a new RIW and/or SNAP case is established, the integrated EBT Administrative functionality automatically communicates via a real-time LU6.2 with the EBT system to establish that case with a zero dollar benefit balance on the EBT System database. Changes in demographic case data are also performed in the same automatic real-time fashion via the integrated interface.
2. Once an EBT case is established, cards are then issued to the cardholder, at the local DHS field office by staff dedicated to the performance of that function, through EBT Administrative functionality integrated into InRhodes or equivalent. The card number is assigned by the EBT vendor’s system.
3. The cardholder selects a personal identification number (PIN) using a PIN selection device located at the local DHS field office. The EBT vendor also provides the functionality for the

EBT system to assign a PIN and send a PIN mailer to the cardholder informing them of the PIN (less than 1 percent of all cases).

4. The DHS local field office determines the client's eligibility for benefit authorizations. Once the client is determined eligible by InRhodes or equivalent for RIW and/or SNAP benefits and an authorized DHS staff member approves such benefits, then the EBT Administrative functionality integrated into InRhodes or equivalent automatically transmits the initial benefit(s) to the EBT system in real time. Upon completion of this process, clients can leave the local office with EBT card in hand and immediately access their new benefits.

The system being real-time also supports queuing and, if interrupted, restart of EBT Administrative transactions. In the event communication service is interrupted, the InRhodes or equivalent queued transactions are restarted by InRhodes or equivalent and transmitted in chronological order when service is restored.

Online Maintenance

An interface between the EBT system vendor's Support Services Function and the State's eligibility system (InRhodes or equivalent) will allow the local office to immediately update the EBT system's database.

State Eligibility Terminal

All functions needed to maintain and research the State's EBT programs will be available on the State's InRhodes or equivalent eligibility system. The State will use InRhodes or equivalent to allow state and local office personnel to add or change case, cardholder, card, and benefit information.

These online functions include:

- Adding a case/client.
- Updating a case/client.
- Inquiring on case, client, card, and benefit information.
- Issuing, canceling, and statusing benefits and cards.
- Repayment of benefits.
- Resetting PIN, allowing the cardholder to select a new one.
- Reviewing transaction history.
- Performing replacement card fee transactions.

User Security Management

Rhode Island uses their own eligibility terminals with a direct link to the EBT system database, the State is responsible for managing the security of their terminals.

Use of Existing File Formats Rhode Island's batch file formats are presented in the *Batch File Formats* section of section 3.2. Online message transaction formats are presented in the *Online Interface Messages* section of section 3.2.

File and Record Transmissions

In Rhode Island account setup and maintenance activity is immediately updated to the contractor’s host database at the benefit level. For example, the initial client setup is done online in real time. Immediately upon benefit approval, the benefit authorization is transmitted via the online interface, also in real time.

The current EBT vendor’s system provides a variety of file maintenance options that are performed based on the required frequency. These options include:

- Reporting on unused benefits.
- Aging and reporting unused benefits to the State.
- Purging exhausted benefits from the database.
- Purging obsolete case, cards, and client/cardholders.

At present, Rhode Island uses Batch File Maintenance for SSN changes and does not use the Batch Maintenance File Transfer to add or maintain most case data. Entry and updates of case data are done online in real time through the InRhodes or equivalent integrated EBT functionality, as described in section 3.2, *Account Setup and Maintenance*. The batch interface is used to transmit recurring benefits to the EBT system or either monthly SNAP, semi-monthly cash, or miscellaneous items from daily online activity not paid in real time (e.g., supplemental payments resulting from batch interface processing).

Batch File Transmissions

Batch Files the State Sends to the EBT Vendor

The State sends the EBT vendor a Benefit Maintenance File on a daily and monthly basis. The daily file includes supplemental benefits created by batch processes and missed benefits.

Because recurring benefits are transmitted in advance of their availability date, they do not need to be sent in real time. Therefore, the State’s data center transmits all recurring SNAP and RIW benefits via the batch interface. RIW benefits are sent twice a month; SNAP benefits are sent monthly and made available on the first calendar day of each month. In addition, SNAP has a monthly HEAT benefit that is sent via the batch interface; \$1.00 is issued to new cases and to any ongoing case that hasn’t received the \$1.00 within the last year.

The State also sends the vendor a daily batch file of changes to client case IDs (the head of household social security numbers (SSN) is used as the case ID). The contractor must have the capability to convert the SSN into the InRhodes or equivalent Unique Case ID.

As part of the initial conversion, the State will send the EBT system vendor a Case/Client Maintenance File for each client group being converted. A separate file will be sent by the State for each phase of the rollout, prior to the conversion of each phase. For record formats for the Case/Client Maintenance File, refer to the *Transaction History Conversion* section of section 3.4.

Files Sent to EBT System Vendor

RISTP.P100.DLYHEAT(+1)	Monthly Heat Payroll
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RISTP.P100.EOMMFBKP(+1)	Monthly SNAP PAYROLL
RISTP.P100.EOMMCBKP(+1)	RIW Semi-Monthly Payroll
RISTP.P100.DLYCASE(+1)	EBT SSN change extract file
RISTP.P100.DLYCABKP(+1)	Daily Cash Payroll
RISTP.P100.DLYFSBKP(+1)	Daily SNAP Benefits
RISTP.P100.EOMMCBKP(+1)	EBT Annual Clothing Allowance Cash Data

Batch Files the EBT Vendor Sends to the State

The EBT vendor also sends the following files to the State on a predetermined schedule:

<i>History Extract File</i>	Details all financial activity taking place against the benefit authorizations on the EBT system database and any new benefit authorizations added.
<i>Benefit Aging File</i>	Lists all of the benefits falling into the aging periods specified by the State.
<i>Case/Client Delete File</i>	Lists all of the cases/clients that have been removed from the EBT system database as a result of the monthly sweep of accounts that have been inactive for one year.
<i>Monthly Reports File</i>	A monthly file (133-byte record) transmitted through a Connect Direct file transmission link that contains all of the reports offered by the vendor in an electronic format. Specialized programs within InRhodes or equivalent are used to process the file, based on the header records identifying individual reports, to extract and print only those reports that the State uses in support of EBT processing.

Files Received from EBT vendor

RISTP.P100.DAILY.HISTORY.Dyymmdd	EBT Daily History and Settlement Date Report
RISTP.P100.MONTHLY.AGINGP1.Dyymmdd	90 Day Aging FS Benefits of Clients 60 Years or Older
RISTP.P100.MONTHLY.REPORTS.dyymmdd	Out of State Transaction Report
RISTP.P100.DAILY.ERRORPT.Dyymmdd	EBT Daily Error Report
RISTP.P100.MONTHLY.DELCASES.Dyymmdd	DELETE CASES FILE
RISTP.P100.DAILY.REPORTS.Dyymmdd	Daily Transaction Reports

FNS Files

The EBT vendor transmits and receives all batch files required by FNS in accordance with applicable federal regulations.

Timeframes

Below find the maintenance processing parameters for files sent by the State to the EBT system vendor and files sent by the EBT system vendor to the State.

Files Sent by the State

Benefit Maintenance Daily File

This file adds client benefit authorizations to the file. This file also changes benefit status or cancels a client benefit.

Frequency: 7 days a week: S M T W TH F S

Window: 8:00 p.m. – 8:00 a.m. Eastern time

Benefit Maintenance Monthly File

This file transmits the recurring monthly SNAP and semi-monthly RIW benefit issuances.

SNAP benefits are transmitted on or about the 24th of each month for availability as of the 1st of the following month. RIW benefits are transmitted on or about the 10th of each month for availability as of the 16th of the month, and on or about the 24th of each month for availability on the 1st of the following month. SNAP HEAT benefits are transmitted on or about the 24th of each month.

Frequency: A minimum of 10th and 24th of each calendar month

Window: 8:00 p.m. – 11:00 a.m. Eastern time

EBT Client Case ID (SSN) Maintenance File

This file transmits changes to client case IDs. The head of household's social security number (SSN) is used as the case ID. Changes occur when, for example, a temporary SSN is replaced with a permanent SSN, or an SSN has been entered incorrectly.

Frequency: 7 days a week: S M T W TH F S

Window: 8:00 p.m. - 8:00 a.m. Eastern time

Although Field Offices are open on Saturday, the file is transferred on Monday.

Files Sent by the EBT System Vendor

The EBT system vendor sends the following files to the State:

Extract Daily History File

This procedure sends the State a file of all financial activity that takes place against the benefit authorizations on the EBT system database and any new benefit authorizations the EBT system vendor receives.

Frequency: S M T W T H F S

Window: Sent to the State data center by 11:00 a.m. Eastern time.

Benefit Aging File

This procedure provides the State a file containing all of the benefits that fall into the aging periods specified by the State.

Frequency: A minimum of Monthly

Window: Sent to the State data center by 11:00 a.m. Eastern time.

Case/Client Deletes File

This procedure provides the State a file containing all of the clients/cases that have been removed from the EBT system database as a result of the monthly sweep.

Frequency: A minimum of Monthly

Window: Sent to the State data center by 11:00 a.m. Eastern time.

Batch File Formats

This section contains the record formats of the following files:

- Benefit Maintenance File
- EBT Case Client ID (SSN) Maintenance File
- History Extract File
- Benefit Aging File
- Case/Client Deletes File

Benefit Maintenance File

The Benefit Maintenance File is used by the State to add benefit authorizations information on the EBT system database through the Batch Maintenance process. The format includes the ability to cancel benefit authorizations and to change the status of a benefit.

The authorization number assigned to the benefit is unique. Once a benefit has been canceled, the authorization number cannot be used again. However, a benefit can be added with an initial status of Hold.

Benefit Batch Maintenance Header Record

Field Name	Format	Comments
Record Type	X(2)	Constant = HB
Agency Unique	X(15)	Agency discretionary data. This field is edited for valid values but is not used for any processing. It may appear on reports.

Field Name	Format	Comments
Agency Code	X(6)	Constant = RIDHS
Maintenance Type	X(16)	This field is edited for valid values and identifies the maintenance type on the Batch Refresh Exception Reports and Summary Report. Valid Values: <ul style="list-style-type: none"> • CASH DAILY • CASH MONTHLY • SNAP DAILY • SNAP MONTHLY
File Create Date	9(8)	Required. CCYYMMDD
File Create Time	9(4)	Required. HHMM
Filler	X(29)	Field will be set to blanks.

Record length: 80 bytes.

Usage Notes

Benefit maintenance updates are transmitted to the vendor in batches. A single transmission may contain multiple batches. Each batch consists of a header, multiple detail records, and a trailer record. If multiple batches are created by the State on the same day and have the same create time, the time for each new batch is incremented by one minute. All alphanumeric fields are left justified and right space filled.

Benefit Batch Maintenance Detail Record

Field Name	Format	Comments
Refresh Action	X(1)	Required. A = Add benefit C = Change (only status can be changed) D = Cancel benefit (once a benefit has been canceled, it cannot be reactivated).
Case Number	X(14)	Required.
Benefit Type	X(6)	Required. See section 2, <i>System Codes</i> for valid values.
Authorizations Number	X(10)	Required.
Authorizations Amount	s9(5)v99	Required.
Benefit Available Date	9(8)	Required. CCYYMMDD The date the benefit will be available to the client.
Benefit Available Time	9(4)	Required. HHMM The time the benefit will be available to the client.
Local Office Code	X(3)	Rhode Island local office code.

Field Name	Format	Comments
Benefit Status	X(1)	A = Active H = Hold
Filler	X(26)	Field will be set to blanks.

Record length: 80 bytes

Usage Notes

The record format is used to add and cancel benefit authorizations. A benefit can only be canceled prior to the availability date. Once a benefit is canceled, it cannot be changed back to an *Active* status.

The Authorization Number is unique for each benefit. All alphanumeric fields are left justified and right space filled.

Benefit Batch Maintenance Trailer Record

Field Name	Format	Comments
Record Type	X(2)	Constant = TB
Total Detail Records	9(9)	Required. Total number of detail records.
Number of Adds	9(9)	Required. Total number of add records.
Number of Deletes	9(9)	Required. Total number of benefits canceled.
Amount of Adds	9(9)v99	Value of add records in the batch.
Filler	X(40)	Field will be set to blanks.

Record length: 80 bytes.

Usage Notes

All alphanumeric fields are left justified and right space filled.

EBT Case Client ID (SSN) Maintenance File

This file is used to send case client ID changes only. Case IDs for new clients are added through the online interface as part of the account setup and maintenance process. The head of household's SSN is used as the case ID.

EBT Case Client ID (SSN) Maintenance Header Record

Field Name	Format	Comments
TYPE	X(2)	Constant = HC
AGENCY-U	X(15)	Constant = ''
AGENCY-C	X(6)	Constant = RIDHS
MAINT-TYPE	X(16)	Constant = CASE/CLIENT
DATE	9(8)	Creation date
TIME	9(4)	Creation time
FILLER	X(126)	

Record length: 177 bytes.

Usage Notes

All alphanumeric fields are left justified and right space filled.

EBT Case Client ID (SSN) Maintenance Detail Record

Field Name	Format	Comments
REFRESH	X(1)	Constant = B
NEW-SSN	X(14)	New SSN
OLD-SSN	X(14)	Old SSN
OFFICE	X(3)	Constant = 038
Filler	X(145)	

Record length: 177 bytes.

Usage Notes

All alphanumeric fields are left justified and right space filled.

EBT Case Client ID (SSN) Maintenance Trailer Record

Field Name	Format	Comments
TYPE	X(2)	Constant = TC
TTLE-DETAIL	9(9)	Total number of SSN changes
TTLE-ADDS	9(9)	0
TTLE-CHG	9(9)	Total number of SSN changes
FILLER	X(148)	

Record length: 177 bytes.

Usage Notes

All alphanumeric fields are left justified and right space filled.

History Extract File

Each day the EBT vendor sends the State an extract file of all financial activity against the benefit authorizations on the EBT system database. This file consists of a header record, multiple detail records, a trailer record, and ends with a Program Summary record. Each transaction against a given benefit for the reporting category (for example, client initiated transactions) is detailed. The Program Summary records show the outstanding liability for authorizations by benefit type on the EBT system database.

EBT system or State generated transactions that affect the entire benefit are reported uniquely. An update field indicates whether the update is a debit (withdrawal) or credit (addition) to the benefit.

Extract Daily History Header Record

Field Name	Format	Comments
Record Type	X(2)	Constant = EH
Agency Code	X(6)	Constant = RIDHS
File Type	X(16)	Constant = HISTORYEXTRACT
File Create Date	9(8)	Required. CCYYMMDD
File Create Time	9(4)	Required. HHMM
Filler	X(171)	Field will be set to blanks.

Record Length: 207 bytes

Usage Notes

The EBT system vendor transmits an extract file of all EBT system benefits activity to the State on a daily basis. Each transmission contains a header record, multiple detail records, and a trailer record. The last records on this file are the Program Summary records. All alphanumeric fields are left justified and right space filled.

Extract Daily History Detail Record

Field Name	Format	Comments
Account Number	X(15)	Required.
Case Number	X(14)	Required.
Authorization Number	X(10)	Required.
Update Type	X(2)	Valid values: DR = debits to an authorization (withdrawals) CR = credits to an authorization (additions)
Benefit Type	X(6)	Required. See section 2, <i>System Codes</i> for valid values.
Report Category	X(2)	Valid values: CL = Client initiated transaction (includes reversals and returns) CN = Cancellation from Batch CT = Cancellation from Admin Terminal CO = SNAP Conversion AU = Authorization from Batch AT = Authorization from Admin Terminal AG = Aged Benefit AD = Adjustment CF = Card Fee DD = Direct Deposit (Release) RC = Repayment of Claim
Available Date	9(8)	Available date of the benefit. CCYYMMDD
Available Balance	s9(7)v99	Amount of funds available to the client after the

Field Name	Format	Comments
		transaction occurred.
Transaction Amount	s9(7)v99	Each transaction amount impacting the benefit.
Transaction Date	9(8)	Reporting date of the agency. CCYYMMDD
Transaction Time	9(4)	Time of the transactions. HHMM
PAN (Card Number)	X(19)	Optional.
Merchant FNS Number	9(7)	Optional. FNS Number where transaction occurred.
Card Acceptor ID	X(16)	Optional. Card Acceptor ID where transaction occurred.
Store Name	X(20)	Optional. Where transaction occurred.
Store Location	X(40)	Optional. Contains the address, city, state and country of where transaction occurred.
Terminal ID	X(15)	Optional. Terminal where transaction occurred.
Local Office Code	X(3)	Local office code of case.

Record length: 207 bytes.

Usage Notes

This record is used to notify the State of daily activity against outstanding authorizations. All transactions against a given benefit for the reporting category (such as client-initiated transactions) are detailed. All alphanumeric fields are left justified and right space filled.

The field identified as Optional in the file is included if the information is logged in the transaction. For example, the Merchant FNS Number is only sent in and logged on a transaction done at a merchant that has an FNS number. This field would not be filled on an ATM transaction.

Extract History Trailer Record

Field Name	Format	Comments
Record Type	X(2)	Constant = ET
Number of Detail Records	9(8)	Total number of detail records on the file.
Filler	X(197)	Field will be set to blanks.

Record length: 207 bytes

Usage Notes

All alphanumeric fields are left justified and right space filled.

Extract Daily History Program Summary Record

Field Name	Format	Comments
Record Type	X(2)	Constant = ES

Field Name	Format	Comments
Benefit Type	X(6)	Required. See section 2, <i>System Codes</i> for valid values.
Beginning Balance	s9(11)v99	Dollar amount for this program at the beginning of the processing cycle.
Ending Balance	s9(11)v99	Dollar amount for this program at the end of the processing cycle.
Accumulated Authorization Amount	s9(11)v99	Dollar amount of all benefit authorizations for this program for the processing cycle.
Accumulated Cancels Amount	s9(11)v99	Dollar amount of all benefit authorizations cancels for this program for the processing cycle. Includes aging, food benefit conversions, and benefit cancellations.
Accumulated Transaction Amount	s9(11)v99	Dollar amount of all client transactions performed against the benefit. This includes both credit and debit transactions.
Filler	X(134)	Field will be set to blanks.

Record length: 207 bytes.

Usage Notes

This summary record always follows the trailer record on the History Extract File. All alphanumeric fields are left justified and right space filled.

Benefit Aging File

The Benefit Aging File lists all of the benefits falling into the aging periods specified by the State. The record formats included in this file are detailed below.

Benefit Aging Header Record

Field Name	Format	Comments
Record Type	X(2)	Constant = AH
Agency Code	X(6)	Constant = RIDHS
File Type	X(16)	Constant = AGINGEXTRACT
File Create Date	9(8)	Required. CCYYMMDD
File Create Time	9(4)	Required. HHMM
Filler	X(44)	Field will be set to blanks.

Record length: 80 bytes.

Usage Notes

On a monthly basis, the EBT system vendor transmits to the State an extract file of all benefits with no activity within the configured aging periods.

Each transmission contains a header record, multiple detail records, and a trailer record. All alphanumeric fields are left justified and right space filled.

Benefit Aging Detail Record

Field Name	Format	Comments
Case Number	X(14)	Required.
Authorization Number	X(10)	Required.
Benefit Type	X(6)	Required. See section 2, <i>System Codes</i> for valid values.
Aging Indicator	X(1)	Valid values: 1 = Aging period 1 2 = Aging period 2 3 = Aging period 3 4 = Aging period 4
Available Date	9(8)	Available date of the benefit. CCYYMMDD
Available Balance	s9(5)v99	Amount of funds remaining on the benefit.
Original Auth Amount	s9(5)v99	Original authorization amount.
Filler	X(27)	Field will be set to blanks.

Record length: 80 bytes.

Usage Notes

All alphanumeric fields are left justified and right space filled.

Benefit Aging Trailer Record

Field Name	Format	Comments
Record Type	X(2)	Constant = AT
Number of Detail Records	9(8)	Total number of detail records on the file.
Filler	X(70)	Field will be set to blanks.

Record length: 80 bytes.

Usage Notes

All alphanumeric fields are left justified and right space filled.

Case/Client Delete File

Each month the EBT vendor sends the State a file containing those clients/cases that have been deleted from the EBT system as a result of the monthly database sweep. The EBT vendor sweeps case/client records that have been inactive for 365 days, using the following parameters:

- Cases that have not been issued benefits in 365 days are deleted.
- Active cards with no activity in 365 days are deleted.
- Cancelled and lost/stolen cards are swept from the system after 365 days.

Once a case/client has been deleted off the EBT system, the State sends a Case/Client Maintenance Add request to reestablish the case/client on the system if the case reopens.

The record formats included in this file are detailed below.

Case/Client Delete Header Record

Field Name	Format	Comments
Record Type	X(2)	Constant = HC
Agency Code	X(6)	Constant = RIDHS
File Description	X(16)	Constant = CASE/CLIENT DELS
File Create Date	9(8)	CCYYMMDD
File Create Time	9(4)	HHMM
Filler	X(44)	Field will be set to blanks.

Record length: 80 bytes.

Usage Notes

All alphanumeric fields are left justified and right space filled.

Case/Client Delete Detail Record

Field Name	Format	Comments
Case Number	X(14)	Required.
Client Type	X(2)	Required. Valid Values: P = Primary payee on case PC = Cash only for primary payee PF = SNAP benefits only for primary payee on case 1C = Cash only for first alternate. 1F = SNAP benefits only for first alternate. 1B = Cash and SNAP benefits for first alternate 2C = Cash only for second alternate. 2F = SNAP benefits only for second alternate. 2B = Cash and SNAP benefits for second alternate
Local Office Code	X(3)	Required.

Field Name	Format	Comments
Client First Name	X(15)	Required.
Client Middle Name	X(1)	Optional.
Client Last Name	X(20)	Required.
Client Delete Date	9(8)	Required. CCYYMMDD
Filler	X(17)	Field will be set to blanks.

Record length: 80 bytes.

Usage Notes

All alphanumeric fields are left justified and right space filled.

Case/Client Delete Trailer Record

Field Name	Format	Comments
Record Type	X(2)	Constant = TC
Total Detail Records	9(9)	Required. Total number of detail records.
Filler	X(69)	Field will be set to blanks.

Record length: 80 bytes.

Usage Notes

All alphanumeric fields are left justified and right space filled.

Online Interface Messages

NOTE: The message types listed in this section are used by InRhodes or equivalent. Vendors must provide the same information in the same format and use the same codes.

Message Types

Message types can be broken out in categories based upon transaction type.

- Inquiries
- Case/client adds/changes/deletes
- Card issuance and status change
- Benefit issuance/changes/cancellations
- Repayment/SNAP benefit cash out
- Direct deposit add/changes/deletes
- Card fee

Inquiry Messages

M0500-Case Inquiry

The Case Inquiry is used to get information regarding a particular case set up on the EBT system. The information returned will allow the State to determine the amount of cash and SNAP Benefit benefits on the EBT case and the cards issued to the clients.

Following is the layout of the input request from the State:

Case Inquiry Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0500"
Transmission Date and Time	9(14)	Local Transmission date and time in the format CCYYMMDDHHMMSS.
Case Number	X(14)	Rhode Island eligibility system case number. Number is left justified, space filled.

Case Inquiry Response - Normal

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input
USERID	X(08)	Copied from input
Agency	X(06)	Copied from input
Local Office Code	X(03)	Copied from input
Message ID	X(05)	Message Identifier - must be "M0510"
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful
Case Number	X(14)	Copied from input
Local Office Code	X(03)	Local/District Office where the case is assigned.
Cash Balance	s9(5)v99	Available cash balance on the case.
SNAP Benefit Balance	s9(5)v99	Available SNAP Benefit balance on the case.
Case Load ID	X(12)	Required Case Load ID assigned to the case.
Direct Deposit	X(1)	Indicates direct deposit of benefits:

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Field Name	Format	Comments
		Y = Yes N = No
Number of Client Segments following	9(01)	Value between 1 and 3, identifies the number of client segments following.
Client Segment		Segment identifying data regarding client on the case - occurs 1 to 4 times depending on value of previous field.
Client Type	X(02)	See section 2, <i>System Codes</i> for a list of valid values.
Client last name	X(20)	Last name of client.
Client first name	X(15)	First name of client.
Client Middle Initial	X(01)	Middle initial of client.
Birthdate	X(08)	Birth date in the format of CCYYMMDD.
Street Address 1	X(30)	Address of client.
Street Address 2	X(30)	Address 2 of client.
City	X(20)	City of client.
State	X(2)	State of client.
Zip Code	X(9)	Zip code of client.
PAN (Card)	X(19)	Card number of client left justified, space filled.
PAN Status	X(02)	Current Card Status, valid values are: A 0 = Active A1 = Card Stolen A2 = Card Lost A3 = Payee Changed A5 = Card Damaged A6 = Undelivered IA = Inactive Z1 = Canceled/Deactivated
Social Security Number	X(9)	Client social security number, 9 numeric digits.
Password	X(16) Optional	Password for client identification.
Restaurant Indicator	X(1)	Indicates eligibility for restaurant meals: Y = Yes N = No

Case Inquiry Response Error

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "M0510".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	Completion code for this request - "01" indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject, this field is only present if the response code is not zero.
Reject Description	X(70)	A description of the reject reason; this field is present if the response code is not zero.

Processing Rules:

No data fields are returned when Response Code is non-zero. Instead, a reject reason code and a reject reason description are returned.

M0501 - Benefit Inquiry

The Benefit Inquiry is used to obtain information regarding the benefits for an EBT account. The information returned will allow the clients who have been set up to access the benefit (both primary and alternate payees), as well as to determine when the information was received by the EBT System.

Following is the layout of the input request from the State:

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08) Unique identifier	of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0501".
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS

Field Name	Format	Comments
Case Number	X(14)	Rhode Island eligibility system case number. Number is left justified, space filled.

Benefit Inquiry Response - Normal

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "M0511".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful.
Case Number	X(14)	Copied from input.
Cash Balance	s9(5)v99	The available balance on the case.
SNAP Benefit Balance	s9(5)v99	The available SNAP Benefit balance on the case.
Number of Benefit Segments following	9(2)	Value between 1 and 15, identifies the number of benefit segments following.
Benefit Type	X(08)	See section 2, <i>System Codes</i> for a list of valid values.
Authorization Number	X(10)	Unique benefit identifier.
Available Balance	s9(5)v99	Balance available to the client.
Original Balance	s9(5)v99	The original amount of the benefit authorization.
Benefit Status	X(1)	Current status of the benefit. Valid values: A = Active H = Hold C = Canceled

Processing Rules:

Benefits with a balance of zero will not be returned.

Benefit Inquiry Response - Error

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "M0511".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	Completion code for this request - "01" indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject, this field is only present if the response code is not zero.
Reject Description	X(70)	A description of the reject reason, this field is only present if the response code is not zero.

M0502 - Card Inquiry

The Card Inquiry is used to obtain information regarding a particular card set up on EBT. The information returned will allow the State to determine the status of the card.

Following is the layout of the input request from the State:

Card Inquiry Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08) Unique identifier	of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0502".
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS
PAN (Card Number)	X(19)	The full 16 digits of card assigned to client. The PAN number is left justified, space filled.

Card Inquiry Response - Normal

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "M0512".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful.
PAN (Card Number)	X(19)	Copied from input.
PAN (Card) Status	X(02)	Current Card Status, valid values are: A X = Active A1 = Card Stolen A2 = Card Lost A3 = Payee Changed A5 = Card Damaged A6 = Undelivered IA = Inactive Z1 = Canceled/Deactivated
PIN Selected Flag	X(01)	Y = customer has selected their PIN N = customer has not selected their PIN
PIN Fail Count	9(05)	The number of consecutive PIN fail attempts the client has currently performed.
Card Issue Date	X(08)	The date the card was issued. CCYYMMDD By Mail - This is the date the card was ordered. OTC - This is the date the card was added to the EBT system.
Card Issued Count	9(03)	The number of cards issued to the client. The count includes the PAN number being inquired upon and all previous PANs issued to the client.
Cash Distribution Restriction	X(01)	A = Client is restricted to using an ATM for cash withdrawal. P = Client is restricted to using a POS device for cash withdrawal. A X = A blank means no restriction.
Previous PAN	X(19)	The previous card number of the client; left justified, space filled. If no previous PAN has been issued to the client, the field will be spaces.

Field Name	Format	Comments
Case Number	X(14)	The Rhode Island eligibility system case number.

Card Inquiry Response - Error

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, should be "M0512".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	Completion code for this request - "01" indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject, this field is only present if the response code is not zero.
Reject Description	X(70)	A description of the reject reason, this field is only present if the response code is not zero.

H1220 - Financial History Inquiry

The Financial History Inquiry is used to obtain information on the financial transactions performed. The keys that can be used to access history data are:

- CARD Card Number
- CASE Case Number
- STOR Merchant ID
- FCS Store FCS Number

The Financial History request returns the data using date ranges (such as a start and an ending date). The request will return up to fifteen history transactions per request, with a continuation flag if more records are required for the same search.

Each history transaction contains five benefit segments:

- The 1st benefit segment, *Number of Benefit Segments field* indicates how many segments contain data.
- The 2nd - 5th benefit segments contain spaces.

The State can also request transactions in an ascending or descending date sequence. The default setting will return the transactions in descending order (the latest transactions first). The Financial History Inquiry transaction can access up to 90 days of history from the current date.

Financial History Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08) Unique identifier	of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	Local office code of the user making the request.
Message ID	X(05)	Message identifier, must be "H1220".
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS.
Key Type	X(04)	Qualifies the type of search. Valid values: CARD = search by PAN CASE = search by Case STOR = search by Store ID FCS = search by store FCS number
Start Date/Time	X(14)	The starting search time. CCYYMMDDHHMMSS
End Date/Time	X(14)	The ending search time. CCYYMMDDHHMMSS
Sequence	X(01)	Search sequence: A = Ascending D = Descending
Maximum Records	9(02)	The maximum number of records to return on a search. This field should not be set to more than 15 records.
Key Data	X(31)	Identifies the key value to be used for the search. The actual format of the key data will depend upon the Key Type field. The key data will be left justified, right space filled.
Continuation Data	X(144)	Either low values or copied from previous response to continue search from last record on previous response.

Financial History Response - Normal

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "H6120".

Field Name	Format	Comments
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful.
History Record Count	9(02)	The number of history transactions contained within the record. The maximum value is the value contained in the Maximum Record field from the request.
History Segment		The segment identifying the history transactions. It occurs 1 to 15 times depending on value of previous field.
Message ID	X(05)	Identifies the transaction type being returned. Valid values: A0210 = Financial Transaction A0212 = Financial Transaction Advice A0230 = Force Post Financial Transaction A0632 = Financial Adjustment M0556 = Benefit Add M0558 = Benefit Change S1014 = Benefit Aging F3110 = Direct Deposit Release F4214 = Benefit Add through Batch F4230 = Benefit Change through Batch
Transmission Date and Time of the segment	9(14)	Date and time of the original transaction.
Transaction Type (continued)	X(03)	Identifies the financial transaction type. Valid values: ADJ = Adjustment AUT = Online Benefit Authorization BAU = Batch Benefit Authorization BCH = Benefit Change CAN = Benefit Cancellation CDD = Cash Direct Deposit CP = Cash Purchase CW = Cash Withdrawal FRV = SNAP Benefit Return Void FSP = SNAP Benefit Purchase FSR = SNAP Benefit Return NFD = Non-Clearing SNAP Benefit Adjustment (FS Repayment) NCD = Non-Clearing Cash Adjustment (CA Repayment) VAF = SNAP Voice Auth Purchase VAR = SNAP Voice Auth Return

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Field Name	Format	Comments
		VCF = Voucher Clear Purchase VCR = Voucher Clear Return FVO = SNAP Benefit Purchase Void FSC = SNAP Benefit Conversion
Transaction Reject Rsn	X(02)	Two-position field indicating the status of the transaction (see list below). The field is spaces unless transaction was rejected.
Reversal Reason	X(02)	Spaces unless transaction is a reversal. Valid values: Ø1 = Phone Line Malfunction Ø2 = Acquirer Terminal communication error Ø3 = System time out Ø4 = Acquirer terminal malfunction 06 = Switch terminal communication error 07 = Switch Terminal malfunction 08 = late or unsolicited reply 13 = Customer cancel (void last)
PAN (Card)	X(19)	Card number of client left justified, space filled. Spaces if no card used.
PAN Sequence Nbr	X(05)	Generation number of the card; left justified, space filled. Spaces if no card used.
Transaction Amount	s9(9)v99	
Merchant ID	X(07)	EBT-vendor-assigned merchant ID.
Terminal ID	X(15)	Terminal ID used on transaction.
Reg "E" Data	X(85)	Merchant name and location.
FNS Number	X(07)	Merchant identifier of the SNAP Benefit authorized merchants.
Terminal Sequence Nbr	X(15)	Sequential number assigned by the terminal to each transaction occurring at the terminal.
Number of Benefit Segments following	9(02)	This value identifies the number of the following benefit segments that contain data.
Benefit Segment		The segment identifying the data regarding benefits available on the case. This segment occurs 5 times (contains spaces if unused).
Benefit Type	X(08)	Valid benefit type as defined in section 2, <i>System Codes</i> .
Authorization Number	X(10)	The unique benefit identifier.
Available Balance	s9(5)v99	Balance available to the client.
Original Balance	s9(5)v99	Original amount of the benefit.
Tran Applied Amount	s9(5)v99	The amount of the benefit applied to the

Field Name	Format	Comments
		transaction.
Continuation Data	X(144)	Either low values if no more records, or a key on where to continue search if more records are available.

Transaction Reject Reason Codes

The following is a complete list of valid reject reason codes within the EBT system.

The following codes are valid when replying to an ATM, POS, or voice authorization transaction (such as client transactions).

- ⧸F Invalid Terminal Number
- ⧸I Invalid PIN
- ⧸J Invalid transaction type
- ⧸P Cardholder not on file
- ⧸S No account on file
- ⧸U No/insufficient funds
- CA* Store not defined - (RK)
- CB* PIN not selected - (b/I)
- CC* Bad card status - (RK)
- CD* Return would cause benefit balance to exceed benefit authorization - (RK)
- CE* No ACH totals available to merchant - (RK)
- CF* PIN already selected - (RK)
- CG* Bad FNS status for merchant - (RK)
- CH* Bad store status - (RK)
- CI* Duplicate transaction - (RK)
- ND Lost/stolen card
- NH Expired card
- NK Benefits on hold
- NR PIN tries exceeded
- QC Invalid Service Type - Voice auth reason not valid for this merchant type
- PE Function unavailable
- RK System malfunction

*Indicates a code that cannot be forwarded to third party interfaces. The replacement code is listed at end of the description.

Financial History Response - Error

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.

Field Name	Format	Comments
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "H6121".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	Completion code for this request - "01" indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject, this field is only present if the reason code is not zero.
Reject Description	X(70)	A description of the reject reason, this field is only present if the reason code is not zero.

Case/Client Add, Change & Delete Messages

M0540 - Case/Client Add

This transaction is used to add a new client to the EBT system.

Case/Client Add Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message Identifier - must be "M0540"
Transmission Date and Time	9(14)	Local transmission date and time CCYYMMDDHHMMSS
Case Number	X(14)	The Alaska eligibility system case number. Number is left justified, space filled.
Local Office Code	X(03)	District/Office code of the user making the request.
Case Load ID	X(12)	Required; Case Load ID assigned to the case.
Client Segment		The segment identifying the data regarding the client being added to the case.
Client Type	X(02)	See section 2, <i>System Codes</i> for a list of valid values.

Field Name	Format	Comments
Client last name	X(20)	Required; Last name of client.
Client first name	X(15)	Required; First name of client
Client Middle Initial	X(01)	Optional; Middle initial of client
Street Address 1	X(30)	Optional
Street Address 2	x(30)	Optional
City	X(20)	Optional
State	X(02)	Optional
Zip Code	X(09)	Optional
Birthdate	X(08)	Required; CCYYMMDD
Social Security Number	X(9)	Optional. The client's social security number, 9 numeric digits.
Password	X(16)	Optional. The password for client identification.
Restaurant Indicator	X(1)	Indicates eligibility for restaurant meals: Y = Yes N = No

Case/Client Add Response

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0550".
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject. This field is only present if the Response code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the Response code is not zero.

Processing Rules:

1. Reject Reason and Reject Description will only be provided if the Response Code is non-zero.
2. The primary client on the case must be added before the alternate can be added.

M0542 - Case/Client Change

This transaction is used to change information on an existing client on the EBT system.

Case/Client Change Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifies of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0542".
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS
Case Number	X(14)	Arizona eligibility system case number. Number is left justified, space filled.
Current Client Type	X(02)	See section 2, <i>System Codes</i> for a list of valid values.
Local Office Code	X(03)	District/Office code of the user making the request.
Case Load ID	X(12)	Required; Case Load ID assigned to the case.
Client Segment		The segment containing data for the client being updated.
New Client Type	X(02)	See section 2, <i>System Codes</i> for a list of valid values.
Client last name	X(20)	Last name of client.
Client first name	X(15)	First name of client.
Client Middle Initial	X(01)	Middle initial of client.
Street Address 1	X(30)	Street address #1 of client.
Street Address 2	X(30)	Street address #2 of client.
City	X(20)	City of client.
State	X(02)	State of client.
Zip Code	X(09)	Zip code of client.
Birthdate	X(08)	CCYYMMDD
Social Security Number	X(09)	Client social security number, 9 numeric digits.
Password	X(16)	Optional. Password for client information.
Restaurant Indicator	X(1)	Indicates eligibility for restaurant meals: Y = Yes N = No

Processing Rules:

1. Fields filled with all asterisks (*) will not be changed.

2. Fields containing spaces on a change request will be spaced out. For example, if the State wishes to “erase” a client’s password, a change request would be send with the Password field set to spaces. The only fields that can be blanked out (erased) are as follows:

- Address Information
- Social Security Number
- Password

3. The only fields that can be changed are as follows:

- Client Type
- Client Name
- Address Information
- Birthdates
- Social Security Number
- Password
- Local Office Code

4. If the State attempts to change the client type to a type that has already been assigned to another alternate on the case, the request will be rejected. The client types are mutually exclusive within each of their respective client types. In other words, there can only be one primary on the case as well as only one first alternate.

For example, if a client with a type of PF is on the account, another client with a type code of PC cannot be added to the system. However, an alternate client with a client code of 1C, 1F, or 1B can be added to the system. The first character identifies the respective alternate and the second character identifies the benefit they have access to.

The State allows a maximum of two alternates under one case number. Therefore, there can only be one alternate labeled as 1. Second alternates on a case are identified as 2. For example, a protective payee and an authorized representative on a case would be labeled as 1C and 2F.

5. The client type links the client to all available benefits on the case that the client type is eligible for. For example, if a client is changed from a PF to a P, that client should then be linked to the cash benefits on that case. If a client is changed from a P to a PF, the client will still have access to existing cash benefits, but will not be linked to future cash benefits.

If any of the above conditions are not met, an error will be generated and the entire request will be rejected.

Case/Client Change Response

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08) Unique identifier	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.

Field Name	Format	Comments
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0552".
Transmission Date and Time	9(14)	Copied from input
Response Code	X(02)	Completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed.
Reject Reason	X(06)	A two-character reason for the reject. This field is only present if the response code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the response code is not zero.

Processing Rules:

Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

M0544 - Case/Client Delete

This transaction is used to delete an existing client off of a case on the EBT system.

Case/Client Delete Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0544".
Transmission Date and Time	9(14)	Local transmission date and time CCYYMMDDHHMMSS
Case Number	X(14)	The Rhode Island eligibility system case number. The number is left justified, space filled.
Client Type	X(02)	See section 2, <i>System Codes</i> for a list of valid values.

Processing Rules:

1. The primary client on the case cannot be deleted.
2. The card that belongs to the client being deleted must be statused to a status other than *Active* or *Inactive*.

If any of the above conditions are not met, an error will be generated and the entire request will be rejected.

Case/Client Delete Response

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0554".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	The completion code for this request - "00" indicates the request was successful; "01" indicates that the request failed.

Field Name	Format	Comments
Reject Reason	X(06)	A six-character reason for the reject. This field is only present if the response code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the response code is not zero.

Processing Rules:

Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

Card Issue, Reissue, and Status Messages

M0506 - Card Issue

The Card Issue is for initiating assignment and issuance of a card that will either be issued over the counter by the State or mailed to the client by the State. This Card Issue request will only be used for a client that has never been issued a card. If any benefits are available on the case that the client should have access to, the benefits will be available to the client as soon as the PIN has been selected.

Card Issue Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0506".
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS
Case Number	X(14)	The Arizona eligibility system case number. The number is left justified, space filled.
Client Type	X(02)	See section 2, <i>System Codes</i> for a list of valid values.
PAN (Card)	X(19)	The card number being issued to the recipient, left justified, space filled. (Not used in Rhode Island.)
Cash Distribution Restriction	X(01)	A = Client is restricted to using an ATM for cash withdrawal. P = Client is restricted to using a POS device for cash withdrawal. / = Indicates there are no restrictions.

Field Name	Format	Comments
Issue Card	X(1)	Required Y = Yes N = No
Generate PIN	X(1)	Required Y = Yes N = No

Processing Rules:

1. The State will indicate if a PIN should be generated via the *Generate PIN* flag.
2. If the *Generate PIN* flag is set to N, the client will select their PIN via the POS device in the local office.
3. Expedited issuance is handled in the same manner as the normal issuance.
4. If a PAN is present in the message, the *Issue Card* flag must be set to N. (The State will use blank card stock, so therefore, the PAN field will be blank, but will remain in the message.)
5. If a PAN is not present in the message, the *Issue Card* flag must be set to Y. (The State will use blank card stock, so therefore, the PAN field will be blank, but will remain in the message.)
6. The client receiving the card must exist on the case within the EBT system.
7. The client cannot have been issued a card previously.
8. The State sends in the online *Card Issue* message with the *Issue Card Flag* set to Y. The EBT system vendor generates a card number, links it to the client and sends it back to the State in the *Card Issue Response* message. The State produces the card using the DataCard 150i. The State has created an interface to the 150i to emboss and encode the cards. The State uses blank card stock. The client is then issued the card over-the-counter, or in certain instances, the State will mail the card to the client after it is produced. The State procured Datacard equipment SD260, the State will produce the card using the DataCard SD2760 in the future. The State will create an interface to the SD260 to print and encode the cards. The State uses blank card stock. The client is then issued the card over-the-counter, or the State will mail the card to the client after it is produced. The State reserves the right to procure additional EBT equipment with new interfaces during the contract period.

If any of the above conditions are not met, an error will be generated and the entire request will be rejected.

Card Issue Response - Normal

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0516".
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	00 = Indicates the request was successful.
PAN (Card)	X(19)	Card number being issued to the client. Left justified, space filled.

Processing Rules:

Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

Card Issue Response - Error

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0516".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	01 = Indicates that the request failed.
Reject Reason	X(6)	A six-character reason for the reject. This field is only present if the Response Code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the Response Code is not zero.

Processing Rules:

Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

M0520 - Card Reissue

The Card Reissue is for initiating assignment and issuance of a replacement card that will either be issued over the counter by the State or mailed to the client by the State. The Card Reissue Request message is used for a client that has previously been issued a card. If any benefits are available on the case that the client should have access to, the benefits will be available to the client as soon as the PIN has been selected.

Card Reissue Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0520".
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS
Case Number	X(14)	The Rhode Island eligibility system case number. The number is left justified, space filled.
Client Type	X(02)	See section 2, <i>System Codes</i> for a list of valid values.
New PAN (Card)	X(19)	Optional. The card number being issued to the recipient, left justified, space filled. (Not used in Rhode Island.)
Cash Distribution Restriction	X(01)	A = Client is restricted to using an ATM for cash withdrawal. P = Client is restricted to using a POS device for cash withdrawal. Ø = Indicates there are no restrictions.
Old PAN (Card)	X(19)	Required. The previous card number issued to the recipient, left justified, space filled.
Issue Card	X(1)	Required Y = Yes N = No
Generate PIN	X(1)	Required Y = Yes N = No

Processing Rules:

1. The PIN carries over to the replacement card unless the *Generate PIN* flag is set to Y.

2. If the *New Pan* field is filled, the *Issue Card* flag must be set to N. (The State will use blank card stock, so therefore, the *New PAN* field will be blank, but will remain in the message.)
3. The client receiving the card must exist on the case within the EBT system.
4. The client must have been previously issued a card.
5. The previous card must be at a status other than *Active* or *Inactive*.
6. The State will send in the online *Card Reissue* message with the *Issue Card Flag* set to Y. The EBT system vendor will generate a card number, link it to the client and send it back to the State in the *Card Reissue Response* message. The State will produce the replacement card using the DataCard 150i. The State will create an interface to the 150i to emboss and encode the cards. The State will use blank card stock. The client will then be issued the replacement card over-the-counter or in certain instances, the State will mail the replacement card to the client after it is produced. The State procured Datacard equipment SD260, the State will produce the card using the DataCard SD2760 in the future. The State will create an interface to the SD260 to print and encode the cards. The State will use blank card stock. The client is then issued the card over-the-counter, or the State will mail the card to the client after it is produced. The State reserves the right to procure additional EBT equipment with new interfaces during the contract period.
7. "The State is considering the option of having the client contact the EBT provider to request a replacement card which in turn the EBT provider will forward the data to the new EBT printer for mailing and distribution".

If any of the above conditions are not met, an error will be generated and the entire request will be rejected.

Card Reissue Response - Normal

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06) Agency code.	
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0530".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	00 = Indicates the request was successful.
PAN (Card)	X(19)	Card number being issued to the client. Left justified, space filled.

Processing Rules:

Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

Card Reissue Response - Error

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0530".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	01 = Indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject. This field is only present if the Response code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the Response code is not zero.

Processing Rules:

Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

M0508 - Card Change Transaction

The Card Change transaction will allow certain fields to be modified for the Card Record on the EBT system database. These fields are:

- Card Status
- PIN Selected
- Cash Distribution

Card Change Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0508".
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS
Case Number	X(14)	The Rhode Island eligibility system case

Field Name	Format	Comments
		number. The number is left justified, space filled.
PAN (Card)	X(19)	The card number being updated, left justified, space filled.
PAN (Card) Status	X(02)	The current card status. Valid values: A = Active A1 = Card Stolen A2 = Card Lost A3 = Payee Changed A5 = Card Damaged A6 = Undelivered IA = Inactive Z1 = Canceled/Deactivated
PIN Selected Flag	X(01)	Y = customer has selected their PIN N = customer has not selected their PIN
Cash Distribution Restriction	X(01)	A = Client is restricted to using an ATM for cash withdrawal. P = Client is restricted to using a POS device for cash withdrawal. = Indicates there are no restrictions.

Processing Rules:

Fields that should not be modified will contain all asterisks (*).

Card Change Response

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0518".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	00 - Indicates the request was successful.
Reject Description	X(70)	A description of the reject reason. This field is only present if the Response code is not zero.

Processing Rules:

Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

Card Change Response - Error

Field Name	Format	Comments
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Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0518".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	01 - Indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject reason. This field is only present if the Response code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the Response code is not zero.

Processing Rules:

Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

Benefit Issuance, Change Messages

M0546 - Benefit Issuance

This transaction will add a benefit to a case on the EBT system and link it to the clients on the case based upon their client type. The benefit will become available immediately to the recipients on the case (assuming the client has a valid card) on the availability date specified.

This online message is used as needed.

Benefit Issuance Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0546".
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS
Case Number	X(14)	The Rhode Island eligibility system case number. The case number is left justified

Field Name	Format	Comments
		and space filled.
Benefit Type	X(08)	Valid benefit type as defined in section 2, <i>System Codes</i> .
Authorization Number	X(10)	Unique benefit identifier.
Benefit Status	X(01)	Current Status of the benefit. Valid value: A = Active H = Hold
Benefit Amount	s9(5)v99	Amount of the benefit.
Availability Date	9(08)	The date the benefit is available to the client. CCYYMMDD

Processing Rules:

Benefit amount must be greater than zero, and cannot exceed the maximum online benefit amount agency parameter of \$1600.00.

Benefit Issuance Response

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0556".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	00 = Indicates the request was successful. 01 = Indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject. This field is only present if the response code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the response code is not zero.

Processing Rules:

Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

M0548 - Benefit Change

This message is used to change the status of a benefit before its availability date. The Benefit Status is the only field that can be changed on the benefit record.

Benefit Change Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0548".
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS
Case Number	X(14)	The Rhode Island eligibility case number, left justified, space filled.
Benefit Type	X(08)	The valid benefit type as defined in section 2, <i>System Codes</i> .
Authorization Number	X(10)	Unique benefit identifier.
Benefit Status	X(01)	Current status of the benefit. Valid values: A = Active H = Hold C = Canceled

Benefit Change Response

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0558".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	00 = Indicates the request was successful. 01 = Indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject. This field is only present if the response code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the response code is not zero.

Processing Rules:

1. Reject Reason and Reject Description will only be provided if the Response Code is non-zero.

2. Benefit status cannot be changed after the availability date has been reached . For example, the current date must be less than the availability date.

Repayment and SNAP Benefit Cash Out

M0422 - Repayment

This transaction is used to adjust the available balance amount of a benefit when a client voluntarily requests the claim repayment.

Repayment Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.
Message ID	X(05)	Message identifier, must be "M0422".
Transmission Date and Time	9(14)	Local transmission date and time. CCYYMMDDHHMMSS
Case Number	X(14)	The Rhode Island eligibility system case number, left justified, space filled.
PAN (Card Number)	X(19)	Card number of the recipient, left justified, space filled
Transaction Amount	s9(5)v99	Enter actual amount for adjustment request (to reduce benefit).
Message ID	X(05)	Message identifier, must be "M0422".
Benefit Class	X(2)	Class of benefit being adjusted. FS = SNAP Benefit CA = Cash

Processing Rules:

1. Repayment crossing multiple benefits will be adjusted by dispense priority.
2. Repayments will be non-settling transactions. The transaction will decrease the value of the database.

Repayment Response - Normal

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "M0432".

Field Name	Format	Comments
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	00 = Indicates the request was successful.
PAN (Card Number)	X(19)	Copied from input.
Benefit Class	X(2)	Class of benefit being adjusted. FS = SNAP Benefit CA = Cash
Adjusted Amount	s9(5)v99	Actual amount of adjustment (benefit reduction).
Available Balance	s9(5)v99	The remaining benefit amount following the subtraction of the adjustment.

Repayment Response - Error

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "M0432".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	01 = Indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject. This field is only present if the response code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the response code is not zero.

M0660 - SNAP Benefit Cash Out

The SNAP benefit Cash Out transaction converts SNAP benefit authorizations to cash benefit authorizations. This function is currently handled through the EBT system via the transaction sent to it from InRhodes or equivalent.

SNAP Benefit Cash Out Request

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Unique identifier of the terminal from where the user is making the request.
USERID	X(08)	Unique identifier of the user making the inquiry request.
Agency	X(06)	Agency code.
Local Office Code	X(03)	District/Office code of the user making the request.

Field Name	Format	Comments
Message ID	X(05)	Message identifier, must be "M0660".
Transmission Date and Time	9(14)	Local transmission date and time CCYYMMDDHHMMSS
PAN (Card Number)	X(19)	The card number of the recipient, left justified and space filled.
Method	X(8)	Constant = CASHMAP

Processing Rules:

1. The benefit authorization number will remain the same from the SNAP benefit authorization to the new cash authorization.
2. The SNAP benefit Cash Out process (converting SNAP benefits to cash) will be reported back to the State as 2 transactions.
 - 1st- As a CO – SNAP benefit Conversion.
 - 2nd- As an AT - Authorization Added from an Administrative Terminal.

The benefit type will convert from a SNAP benefit type to a cash benefit type.

3. The SNAP benefit Cash Out transactions are non-settling.
 - a) A SNAP benefit conversion transaction will decrease the client’s SNAP benefits by the total amount in their account. This transaction will be reported on the *Daily Activity - Authorization Report* with a transaction type of SNAPC (SNAP benefit Conversion). The transaction will also be returned to the State in the *Daily History Extract File* with a reporting category of CO (SNAP benefit Conversion).
 - b) The SNAP benefits are drawn down to zero. The liability on the EBT system database is reduced.
 - c) The EBT system vendor will report this to FNS via AMA. This reduces the letter of credit.
 - d) A corresponding cash benefit is created with the same authorization number as the original SNAP benefit authorization. This transaction will be reported on the *Daily Activity - Authorization Report* with a transaction type of AU (Authorization Added from a Batch Maintenance File) . The transaction will also be returned to the State in the *Daily History Extract File* with a reporting category of AT (Authorization Added from an Administrative Terminal).
 - e) The client’s cash benefit, as well as the liability on the EBT system database, is increased by the amount of the converted cash benefit.
 - f) The State will fund the converted cash benefit as any other cash program.
 - g) The converted cash benefit will be settled as any other cash benefit. When the client accesses the cash benefit, it will be reported on the *Daily Activity - Terminal Report* with

a transaction type of CW (Cash Withdrawal). The transaction will also be returned to the State on the *Daily History Extract File* with a reporting category of CL (Client-Initiated Transaction). At this time, the transaction will settle as any other cash transaction where the acquirer is credited and the State is debited.

4. Card and benefit links:

a) Once the SNAP benefit is converted to cash benefits, only those clients with cash access will be able to access the benefits.

b) All SNAP benefits on a case will be converted to the appropriate cash benefit that the State will define. For example, if a case contains the following:

FSNPA (SNAP non-public assistance) = \$100.00

FSPA (SNAPs regular) = \$100.00

The SNAP (SNAP benefit) balance on a card with SNAP access would be \$200.00. The State will Cash Out all the SNAP benefits, the SNAP NPA benefit will be converted to a cash benefit type and the SNAP PA benefit will be converted to another cash benefit type. These would then show up as two cash authorizations.

SNAP Benefit Cash Out Response - Normal

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input .
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "M0670".
Transmission Date and Time	9(14)	Copied from input.
Response Code	X(02)	00 = Indicates the request was successful.
PAN (Card Number)	X(19)	Copied from input.
Converted Amount	s9(5)v99	Amount of SNAP Benefits that were converted to cash.
SNAP benefit Balance	s9(5)v99	Remaining SNAP benefit balance following the Cash Out.
Cash Balance	s9(5)v99	Remaining cash balance following the Cash Out.

SNAP Benefit Cash Out Response - Error

Field Name	Format	Comments
Admin. Terminal Term ID	X(08)	Copied from input.
USERID	X(08)	Copied from input.
Agency	X(06)	Copied from input.
Local Office Code	X(03)	Copied from input.
Message ID	X(05)	Message identifier, must be "M0670".
Transmission Date and Time	9(14)	Copied from input.

Field Name	Format	Comments
Response Code	X(02)	01 = Indicates that the request failed.
Reject Reason	X(06)	A six-character reason for the reject. This field is only present if the response code is not zero.
Reject Description	X(70)	A description of the reject reason. This field is only present if the response code is not zero.

Authorized Representatives and Alternate Payees

InRhodes or equivalent allows a maximum of one alternate payee (additional client with an EBT card and access to benefits) for cash benefits and one alternate payee for SNAP benefits for each case. One alternate payee may be allowed access to only SNAP benefit benefits, only cash benefits, or both benefit types, depending on the needs of the case. However, a case may not have two alternate payees who *both* have access to SNAP benefit or who *both* have access to cash benefits.

Benefit Authorization and Cancellation

InRhodes or equivalent transmits benefit authorizations via the Benefit Maintenance File as described in the *Batch File Formats* section of section 3.2. Upon receipt of the Benefit Maintenance File, the EBT vendor returns a confirmation of such receipt and a file of any edits that occurred when processing the received batch file. Edits are sufficiently informative to allow the State to correct the deficiency and retransmit the transactions correctly. Confirmation is sent the day following receipt of the Benefit Maintenance File from the State.

Benefit Availability

Cash benefits are available the 1st and 16th of the month. Benefits must be available to the clients by 5:00 a.m. Eastern time.

SNAP benefit benefits are available on the 1st of the month. Benefits must be available to the clients by 5:00 a.m. Eastern time.

Subject to USDA approval each year, SNAP benefit benefits for the month of December are available two calendar days before Thanksgiving, and SNAP benefit benefits for the month of January are available two calendar days before Christmas. These benefits must be available by 5:00 a.m. Eastern time.

For case billing, the December benefits made available in November are billed as December benefits, and the January benefits made available in December are billed as January benefits.

Online benefits are available immediately.

Benefit Cancellations

The EBT vendor has the capability to receive and process a batch cancellation of a benefits file previously sent by the State. Cancellation is allowed up to the date for benefit availability stated in *Benefit Availability* section of section 3.2.

Benefit Aging

The EBT system must support benefit aging at the *benefit* level.

Each month the EBT vendor sends the State a Benefit Aging File, which is an extract file of all benefits falling into the aging periods specified by the State. The vendor must support four aging periods for reporting on benefits not utilized by a client. The system contains a Date Last Used

field which indicates the last time there was activity against a particular benefit. The file includes a header record, a detail record for each benefit being reported on, and a trailer record. The detail record includes an aging indicator that identifies the aging period for the benefit (1, 2, 3, or 4) as well as the remaining balance on the benefit.

The periods used in the State’s aging process include the aging period start date to the next aging period start date minus one. The State’s calendar month, for the aging purposes, is set to start on the 25th of the month. The inclusive period for the aging run will be the 25th of the previous month and the 30 days before that date. The following table illustrates the inclusive dates for each period for aging runs occurring for three subsequent months when the monthly cutoff date is set to the 25th:

Aging Run Date	Period 1 Inclusive Dates	Period 2 Inclusive Dates	Period 3 Inclusive Dates	Period 4 Inclusive Dates
July 25, 2012	05/26/12 - 06/25/12	04/26/12 - 05/25/12	07/26/11 - 04/25/12	Older than 07/25/11
August 25, 2012	06/26/12 - 07/25/12	05/26/12 - 06/25/12	08/26/11 - 05/25/12	Older than 08/25/11
September 25, 2012	07/26/12 - 08/25/12	06/26/12 - 07/25/12	09/26/11 - 06/25/12	Older than 09/25/11

TANF cash benefit authorizations are purged after three months with no activity. However, the purge process removes only the benefit authorization that is three months old or older. Benefit authorizations that are less than three months old remain in the account.

SNAP benefit authorizations are purged after 12 months with no activity. The purge process removes only benefit authorizations that are 12 months old or older. Benefit authorizations that are less than 12 months old remain in the account.

3.3 Cards and PINs

Multiple Cards Per Individual Account

Rhode Island allows additional EBT cards for a maximum of one alternate payee for cash benefits and one alternate payee for SNAP benefit for each case. One alternate payee may be allowed access to only SNAP benefit, only cash benefits, or both benefit types, depending on the needs of the case. However, a case may not have two alternate payees who *both* have access to SNAP benefit or who *both* have access to cash benefits.

Rhode Island does not issue temporary EBT cards.

Card Number/BIN Number

Rhode Island’s BIN number is 507682.

Card Issuance Services

The EBT vendor supplies blank card stock to the Rhode Island DHS. Authorized DHS staff produce and issue the individual EBT cards.

Existing EBT cards will remain in use without replacement. The EBT vendor will ensure that no disruption of service or benefits to existing clients occurs during the conversion to the new system.

EBT Card Stock Production

The EBT vendor will provide EBT card stock that complies with the State’s required design.

Retention of Current Card Production Process

Rhode Island will continue its current card production and issuance process, described in section 3.2, *Account Setup and Maintenance until the current embossed card inventory is depleted. Future plans include a “Flat” card design and bulk production process.*

Card Design

Rhode Island is currently embossing EBT cards. Future plans include a “Flat” card design and bulk production process. On the back of the card is:

- Magnetic stripe with standard Track II encoding. See the Track II Encoding section (below) for a detailed description of the magnetic stripe Track II encoding.
- Cardholder signature line
- Instructional information (for example, the return address for lost or stolen cards).
- Quest® logo.
- ARU phone number for clients' and retailer customer service.

No PIN information is included on the card.

Cardholders receive a card carrier along with their EBT card to protect its magnetic stripe. The outside of the card carrier contains non-discrimination language approved by the FNS.

Track II Encoding

Information Format	Number of Characters	Notes
Start Sentinel	1	;
Primary Account Number	16 digits	507682 NNNNNNNNNN C where: 507682 Rhode Island’s ISO N a 9-digit number that uniquely identifies the card C a check digit
Field Separator	1	=
Expiration Date	4	4912
Service Code	3	120
Card Authentication Value (CAV)	3	NNN

Information Format	Number of Characters	Notes
Generation Number	2	00-99
Longitudinal Redundancy Check	1	[space]

Authorized Representative and Alternate Payee Cards

Rhode Island allows a maximum of one alternate payee for cash benefits and one alternate payee for SNAP benefit for each case. One alternate payee may be allowed access to only SNAP benefit only cash benefits, or both benefit types, depending on the needs of the case. However, a case may not have two alternate payees who *both* have access to SNAP benefit or who *both* have access to cash benefits. For details of the alternate payee types, refer to the Client Type Codes in section 2, *System Codes*.

Alternate payees are maintained through the online interface with InRhodes or equivalent. No batch client maintenance for alternate payees is ever performed. Alternate payees are automatically maintained on the EBT system through the integrated online system whenever payee information is changed in the InRhodes or equivalent database. The Client Add, Client Change, and Client Delete functions are all used for this processing. For details of these processes, refer to the Case/Client Add, Change and Delete Messages in the *Online Interface Messages* section of section 3.2.

The same graphic design and numbering system is used for all EBT cards. Each individual is issued only one EBT card which provides all of the authorized access for that individual.

ARU PIN Selection

Rhode Island does not allow ARU PIN selection functionality at this time.

PIN Selection Via Hardware Device

Rhode Island uses this functionality and will continue to do so.

PIN Selection

Currently a small number of cardholders require the EBT vendor to assign a unique PIN. In these cases, the EBT vendor sends a PIN mailer to the cardholder informing them of their PIN. Requests for mailed PIN selection are sent to the EBT vendor via the online interface.

The State anticipates all cards (new and replacements) will be pinned through the EBT contractor via Interactive Voice Response (IVR) or through the internet. The EBT contractor must provide capability for cardholders to pin through **both** the IVR and the internet. In the event the IVR is unavailable the contractor must provide an alternate method to pin.

3.4 Administrative Functionality

New Eligibility System

The State anticipates a new eligibility system during the contract period. The EBT Vendor must interact with the new eligibility system as the existing eligibility system is phased-out. The EBT vendor will be responsible to participate in this process to the extent necessary to effectively establish the new eligibility system in order to ensure the new eligibility system effectively interacts with the contractor’s system in order to maintain the specifications outlined in this program.

Update Functionality

Administrative functionality is provided via a host-to-host configuration with the vendor’s EBT system. For detailed information, refer to the *Online Interface Messages* section of 3.2.

Administrative System Manual

The EBT vendor must provide one copy of the Administrative System manual in Word 2000 format.

Fraud Investigator Accounts

The Rhode Island DHS establishes accounts and issues EBT cards for fraud investigators through InRhodes or equivalent using the standard account setup and card issuance processes. System codes have been defined within InRhodes or equivalent to specifically identify fraud investigator accounts (refer to section 2, *System Codes*).

Reports provided by the EBT vendor break by benefit prefix to summarize all cash benefits, SNAP benefits, and benefits issued to fraud investigators.

Transaction History Conversion

Rhode Island maintains a 90-day online history.

To support the conversion process, the State will send the EBT vendor a batch Case/Client Maintenance File. This file will be used to add case and client information to the new EBT system database. The record formats included in the Case/Client Maintenance File are detailed below.

Case/Client Maintenance Header Record

Field Name	Format	Comments
Record Type	X(2)	Constant = HC
Agency Unique	X(15)	Agency discretionary data
Agency Code	X(6)	Constant = RIDHS
Maintenance Type	X(16)	Constant = CASE/CLIENT
File Create Date	9(8)	Required CCYYMMDD
File Create Time	9(4)	Required

Field Name	Format	Comments
		HHMM
Filler	X(125)	Field will be set to blanks.

Record length: 176 bytes

Usage Notes

Case/client maintenance adds are transmitted to the EBT vendor in batches. A single transmission may contain multiple batches. Each batch consists of a header, multiple detail records, and a trailer record. If multiple batches are created by the State on the same day and have the same create time, the time for each new batch is incremented by one minute. All alphanumeric fields are left justified and right space filled.

Case/Client Maintenance Detail Record

Field Name	Format	Comments
Refresh Action	X(1)	Required A = Add
Case Number	X(14)	Required
Client Type	X(2)	Required. Valid Values: P = Primary payee on case PC = Cash only for primary payee PF = SNAP benefit only for primary payee on case 1C = Cash only for first alternate. 1F = SNAP benefit only for first alternate. 1B = Cash and SNAP benefit for first alternate 2C = Cash only for second alternate. 2F = SNAP benefit only for second alternate. 2B = Cash and SNAP benefit for second alternate
Case Load ID	X(9)	Required
Local Office Code	X(3)	Required
Client First Name	X(15)	Required
Client Middle Initial	X(1)	Optional
Client Last Name	X(20)	Required
Street Address 1	X(30)	Optional
Street Address 2	X(30)	Optional
City	X(20)	Optional
State	X(2)	Optional
ZIP Code	X(9)	Optional
Birthdate	X(8)	Required: CCYYMMDD
Social Security Number	X(9)	Optional
Issue Card	X(1)	Required: Y = Yes N = No
Generate PIN	X(1)	Required: Y = Yes

Field Name	Format	Comments
		N = No
Language Indicator	X(1)	Required: E = English S = Spanish

Record length: 176 bytes

Usage Notes

This record format is used to add and change case and client information. On an Add request, if the case does not exist in the EBT system database, a case record is created. If a case record already exists, the client is added to the indicated case. If an Add record is received for a client already on the EBT system database, the add is rejected and the EBT system database is not modified.

All alphanumeric fields are left justified and right space filled.

Case Number Maintenance Record

Field Name	Format	Comments
Refresh Action	X(1)	Describes the action required on this update. B = Case number change.
New Case Number	X(14)	Required
Old Case Number	X(14)	Required
Local Office Code	X(3)	Required
Filler	X(144)	Field will be set to blanks.

Record length: 176 bytes.

Usage Notes

This record format is used to change an old case number to a new case number on the EBT system database. At the time of the initial case set up, a temporary social security number (SSN) may be assigned to case/client in the event that they do not have one. The client is asked to apply for a SSN and once issued, this number is used as the case number and sent to the EBT system database.

The EBT system database does not allow for duplicate case numbers, regardless of whether they are temporary numbers or permanent SSNs. Therefore, when a temporary SSN or case number is added to the EBT system database, it must be a unique number. When a case number is changed, the transaction history must not be modified. A transaction history search on the new or updated case number must only show transactions performed since the case number was changed. However, a search on the card number must show all the transactions performed with that card under either case number.

All alphanumeric fields are left justified and right space filled.

Client/Case Maintenance Trailer Record

Field Name	Format	Comments
Record Type	X(2)	Constant = TC
Total Detail Records	9(9)	Required. Total number of detail records.
Number of Adds	9(9)	Required. Total number of add records.
Number of Case Number Changes	9(9)	Required. Total number of case number change records.
Filler	X(147)	Field will be set to blanks.

Record length: 176 bytes

Usage Notes

All alphanumeric fields are left justified and right space filled.

Administrative Functionality Core Reporting Requirements

Rhode Island receives the following EBT reports from the current EBT vendor. Vendors must propose to provide these same reports, or their equivalent.

- **Daily Transaction History Report**

Each day an extract file that contains details of all the day’s financial transaction activity is created and transmitted to the State. The report is run overnight after settlement and made available the following morning.

- **Monthly Reports**

The current EBT vendor provides a monthly file transmitted through a Enterprise Extender file transmission link that contains all of the reports offered by the vendor in an electronic format. Specialized programs within InRhodes or equivalent are used to process the file, based on the header records identifying individual reports, to extract and print only those reports that the State uses in support of EBT processing.

The EBT system also produces an audit log of all transaction activity. A record of all activity processed by the EBT system is placed in the transaction audit log. This includes:

- Batch maintenance transactions
- Online maintenance transactions
- Operator commands
- System monitoring and statistical messages

This audit log is used to produce the daily transaction history report.

Transactions that are logged include all data elements comprising the transaction along with any supporting information required to audit and validate EBT system functions. For example, if a request for a cash withdrawal is made, the benefit request is logged along with reply information and all other information needed to document the specific benefits used to satisfy the

disbursement, such as whether the transaction was completed successfully and how draw-down occurred.

All audit log processing should be done in such a way as to avoid disruption of system operations.

The current EBT system creates microfiche files. Preselected reports are stored as microfiche, accessible online, in a manner that allows an authorized user to search for and view specific report pages. All reports are available and viewable online for the current period and six past periods.

3.5 Direct Deposit

Rhode Island does not currently use direct deposit for EBT benefits. The State reserves the right to obtain direct deposit services from this contract as stated in the RFP, section 5.2.1.

3.6 Settlement and Reconciliation

Settlement Processing

Each day the current total value of the benefit authorizations on the database is calculated. This total is the value of the benefit authorizations as of the last EBT system end-of-day. The EBT system end-of-day process runs seven days a week. The remaining value of all benefits issued that have not been canceled are included, regardless of their current status. The running totals maintain the total value applied to the database and the total value distributed from the database each day. All the totals are categorized by benefit group.

The Data Base Value Report provides the current value of the database and the value of the day's activity. The Extract History Detail File provides the individual transactions that the State uses to reconcile back to the State's record of benefit authorization activity. The History Extract Program Summary (a record within the Extract History Detail File) provides a record of the beginning and ending balance and the activity by each benefit program.

Fraud Reports

Rhode Island currently uses the daily account history provided through the Extract Daily History File sent by the EBT vendor for fraud detection and reporting. This file is described in the *Batch File Transmissions* section of section 3.2. Alternative methods for fraud reporting will be considered during the detailed design.

4.1 Customer Service

Reporting Lost/Stolen/Damaged/Non-Receipt and Unauthorized Use of a Card

Specifications on the methods to be used for verification of the caller's identity will be determined during the detailed design.

5.1 Cash Access

Below is a recent summary of cash withdrawals by Zipcode.

Zipcode	County	Cash/Month	Cash/Day
02801	NEWPORT	\$449.00	\$112.25
02802	PROVIDENCE	\$1,508.00	\$377.00
02804	WASHINGTON	\$5,747.00	\$1,436.75
02806	BRISTOL	\$5,969.00	\$1,492.25
02807	WASHINGTON	\$0.00	\$0.00
02808	WASHINGTON	\$4,397.00	\$1,099.25
02809	BRISTOL	\$22,825.00	\$5,706.25
02812	WASHINGTON	\$2,411.00	\$602.75
02813	WASHINGTON	\$10,974.86	\$2,743.72
02814	PROVIDENCE	\$12,579.00	\$3,144.75
02815	PROVIDENCE	\$554.00	\$138.50
02816	KENT	\$55,544.50	\$13,886.13
02817	KENT	\$2,753.00	\$688.25
02818	KENT	\$13,249.00	\$3,312.25
02822	WASHINGTON	\$9,282.00	\$2,320.50
02823	PROVIDENCE	\$554.00	\$138.50
02825	PROVIDENCE	\$7,723.00	\$1,930.75
02826	PROVIDENCE	\$885.00	\$221.25
02827	KENT	\$776.00	\$194.00
02828	PROVIDENCE	\$2,776.00	\$694.00
02829	PROVIDENCE	\$136.00	\$34.00
02830	PROVIDENCE	\$8,309.00	\$2,077.25
02831	PROVIDENCE	\$1,848.00	\$462.00
02832	WASHINGTON	\$7,915.00	\$1,978.75
02833	WASHINGTON	\$1,037.00	\$259.25
02835	NEWPORT	\$3,934.00	\$983.50

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02836	WASHINGTON	\$958.00	\$239.50
02837	NEWPORT	\$0.00	\$0.00
02838	PROVIDENCE	\$20,744.00	\$5,186.00
02839	PROVIDENCE	\$4,492.00	\$1,123.00
02840	NEWPORT	\$106,928.00	\$26,732.00
02842	NEWPORT	\$24,719.00	\$6,179.75
02852	WASHINGTON	\$52,588.00	\$13,147.00
02857	PROVIDENCE	\$5,493.00	\$1,373.25
02858	PROVIDENCE	\$803.00	\$200.75
02859	PROVIDENCE	\$11,016.00	\$2,754.00
02860	PROVIDENCE	\$454,505.50	\$113,626.38
02861	PROVIDENCE	\$79,800.74	\$19,950.19
02862	PROVIDENCE	\$3,442.00	\$860.50
02863	PROVIDENCE	\$296,828.18	\$74,207.05
02864	PROVIDENCE	\$41,413.80	\$10,353.45
02865	PROVIDENCE	\$18,085.00	\$4,521.25
02871	NEWPORT	\$7,185.00	\$1,796.25
02872	BRISTOL	\$399.00	\$99.75
02874	WASHINGTON	\$2,459.00	\$614.75
02875	WASHINGTON	\$209.00	\$52.25
02876	PROVIDENCE	\$953.00	\$238.25
02878	NEWPORT	\$21,932.00	\$5,483.00
02879	WASHINGTON	\$27,452.00	\$6,863.00
02880	WASHINGTON	\$600.00	\$150.00
02881	WASHINGTON	\$1,175.00	\$293.75
02882	WASHINGTON	\$13,223.00	\$3,305.75
02883	WASHINGTON	\$5,608.00	\$1,402.00
02885	BRISTOL	\$23,314.00	\$5,828.50
02886	KENT	\$59,689.24	\$14,922.31
02887	KENT	\$554.00	\$138.50

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02888	KENT	\$35,399.00	\$8,849.75
02889	KENT	\$67,436.00	\$16,859.00
02891	WASHINGTON	\$46,987.00	\$11,746.75
02892	WASHINGTON	\$5,683.00	\$1,420.75
02893	KENT	\$110,498.00	\$27,624.50
02894	WASHINGTON	\$1,160.00	\$290.00
02895	PROVIDENCE	\$441,942.02	\$110,485.51
02896	PROVIDENCE	\$6,309.00	\$1,577.25
02898	WASHINGTON	\$2,096.00	\$524.00
02902	PROVIDENCE	\$449.00	\$112.25
02903	PROVIDENCE	\$39,257.00	\$9,814.25
02904	PROVIDENCE	\$160,993.50	\$40,248.38
02905	PROVIDENCE	\$260,336.50	\$65,084.13
02906	PROVIDENCE	\$49,491.00	\$12,372.75
02907	PROVIDENCE	\$541,482.36	\$135,370.59
02908	PROVIDENCE	\$417,031.24	\$104,257.81
02909	PROVIDENCE	\$690,019.00	\$172,504.75
02910	PROVIDENCE	\$69,169.50	\$17,292.38
02911	PROVIDENCE	\$29,621.74	\$7,405.44
02914	PROVIDENCE	\$97,563.00	\$24,390.75
02915	PROVIDENCE	\$38,884.00	\$9,721.00
02916	PROVIDENCE	\$10,749.00	\$2,687.25
02917	PROVIDENCE	\$6,372.00	\$1,593.00
02918	PROVIDENCE	\$0.00	\$0.00
02919	PROVIDENCE	\$50,781.00	\$12,695.25
02920	PROVIDENCE	\$108,196.00	\$27,049.00
02921	PROVIDENCE	\$6,336.00	\$1,584.00
Total		\$4,764,954.68	\$1,191,236.42

2. SYSTEM CODES

The following groups of codes are used throughout the EBT system and have been configured for the Rhode Island Department of Human Services.

1.1 Benefit Group and Types

NOTE: The codes in the following table are used in InRhodes or equivalent; therefore, the EBT vendor must use the same codes.

- **Class** - A two-character code for the type of benefit. Codes are:
 CA Cash
 FS SNAP benefit
- **Group** - Must allow up to six characters, with the first 1 to 3 characters indicating the program type (e.g., FIP, State Only)
- **Benefit Type** - First character is C (Cash) or F (SNAP benefit), followed by a state-unique code that discretely identifies the type of benefit.

Class	Group	Benefit Type	Description	Dispense Priority
CA	FIP-W	CFW1	Semi-monthly, single parent	1
	FIP-W	CFW2	Semi-monthly, two parent	1
	FIP-W	CFW3	Daily, single parent	1
	FIP-W	CFW4	Daily, two parent	1
	FIP-W	CFW5	Replacements, single parent	1
	FIP-W	CFW6	Replacements, two parent	1
	FIP-NW	CFN1	Semi-monthly, single parent	1
	FIP-NW	CFN2	Semi-monthly, two parent	1
	FIP-NW	CFN3	Daily, single parent	1
	FIP-NW	CFN4	Daily, two parent	1
	FIP-NW	CFN5	Replacements, single parent	1
	FIP-NW	CFN6	Replacements, two parent	1
	SO-W	CSW1	Semi-monthly, single parent	2
	SO-W	CSW2	Semi-monthly, two parent	2
	SO-W	CSW3	Daily, single parent	2
	SO-W	CSW4	Daily, two parent	2
	SO-W	CSW5	Replacements, single parent	2
	SO-W	CSW6	Replacements, two parent	2
	SO-NW	CSN1	Semi-monthly, single parent	2
	SO-NW	CSN2	Semi-monthly, two parent	2
	SO-NW	CSN3	Daily, single parent	2
	SO-NW	CSN4	Daily, two parent	2

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Class	Group	Benefit Type	Description	Dispense Priority
	SO-NW	CSN5	Replacements, single parent	2
	SO-NW	CSN6	Replacements, two parent	2
	CFSPA	CCA1	Cash out SNAP benefits - regular	1
	CFSNPA	CCN1	Cash out SNAP benefits - non-public assistance	1
	CFSSO	CCS1	Cash out SNAP benefits - State only	2
	CLOTH	CSC1	Clothing allowance	2
FS	RPA	FPA1	Monthly	1
	RPA	FPA2	Expedited	1
	RPA	FPA3	Replacement	1
	RPA	FPA4	Supplement	1
	RPA	FPA5	Restoration	1
	NPA	FNP1	Monthly	1
	NPA	FNP2	Expedited	1
	NPA	FNP3	Replacement	1
	NPA	FNP4	Supplement	1
	NPA	FNP5	Restoration	1
	SFSO	FSO1	Monthly	2
	SFSO	FSO1	Expedited	2
	SFSO	FSO1	Replacement	2
	SFSO	FSO1	Supplement	2
	SFSO	FSO1	Restoration	2

1.2 Client Type Codes

This table lists the code and description of client type used to define the client to the EBT vendor's system.

NOTE: These codes are used in InRhodes or equivalent. The EBT vendor must use the same codes.

Client Type Code	Description
P	Primary payee on case.
PC	Cash only for primary payee on case.
PF	SNAP benefits only for primary payee on case.
1C	Cash only for first alternate.
1F	SNAP benefits only for first alternate.
1B	Cash and SNAP benefits for first alternate.
2C	Cash only for second alternate.
2F	SNAP benefits only for second alternate.
2B	Cash and SNAP benefit for second alternate.

1.3 Card Status Codes

NOTE: These codes are used in InRhodes or equivalent. The EBT vendor must use the same codes.

Card Status Code	Description	Meaning
A	Active	Card can be used by the client.
A1	Card Stolen	Card has been reported stolen and can never be used again.
A2	Card Lost	Card has been reported lost and can never be used again.
A3	Payee Changed	Card has been reissued because the payee on the case has changed. The original card can never be used again.
A4	Name Changed	Card has been reissued because the client name has changed. The original card can never be used again.
A5	Damaged	Card has been reported damaged and can never be used again.
A6	Undelivered	Card could not be delivered to client due to address change. The card cannot be used again. After receiving the client's new address, a new card will be mailed.
IA	Inactive	Card cannot be used by client now, but can be activated at a later date.
ZI	Canceled/Deactivated	Card cannot be used by the client because the State has chosen to deactivate it. It cannot be reactivated.

1.4 Report Codes

The reports use the following codes in addition to the HAS and system-wide codes listed on the previous pages.

Reporting Categories

NOTE: These codes are used in InRhodes or equivalent. The EBT vendor must use the same codes.

Reporting Category	Description
CL	Client initiated transaction
CN	Benefit Cancellation from a Batch Maintenance File
CT	Benefit Cancellation from an Administrative Terminal
CO	SNAP Benefit Conversion
AD	Adjustment
AU	Authorization added from a Batch Maintenance File
AT	Authorization Added from an Administrative Terminal
AG	Aged Benefit
DD	Direct Deposit (when a direct deposit is released)
CF	Card Fee
RC	Repayment

Batch Maintenance Error Messages

These messages describe the maintenance exceptions found during the processing of batch files.

NOTE: The EBT vendor must use these same codes or their equivalent.

Message	Abort	Error	Card Refresh	Benefit Refresh
Amount exceeds maximum		X		X
Trailer amt does not match total	X	X		X
Auth amount is zeros		X		X
Auth amount not numeric		X		X
Auth number is zeros		X		X
Auth number not numeric		X		X
Benefit (auth number) already canceled		X		X
Benefit (auth number) already exists		X		X
Benefit type invalid		X		X
Benefit is canceled		X		X
Benefit is not found		X		X
Benefit status not valid		X		X
Card number not found		X		X

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Message	Abort	Error	Card Refresh	Benefit Refresh
Card/benefit already exists		X		X
Case not found on case/client		X		X
Case number not found		X	X	X
Case number not numeric		X	X	X
Case/client already exists		X	X	
Client already exists		X	X	
Client not found		X	X	
Client not found on case/client		X	X	
Client type is invalid		X	X	
Client type is spaces		X	X	
Count does not match total	X	X	X	X
Data value not numeric		X	X	X
Date is not numeric		X	X	X
Date is spaces		X	X	X
Day is invalid		X	X	X
Duplicate batch	X	X	X	X
Field contains no value		X	X	X
First name is numeric		X	X	
First name is spaces		X	X	
Hour is invalid		X		X
Invalid field value		X	X	X
Issue flag not Y/N		X	X	
Last name is numeric		X	X	
Last name is spaces		X	X	
Middle name is numeric		X	X	
Trailer and header differ	X	X	X	X
Worker ID is spaces		X		X

Batch Maintenance Field Descriptions

The following table lists the field where the batch maintenance error was found and describes its position in the file.

NOTE: For conversion purposes the EBT vendor must support data in the following format.

Case/Client Maintenance File

Batch Maintenance Field	Description
Record Type	Case/Client Maintenance Header Positions 1-2
Agency Unique	Positions 3-17
Agency Code	Positions 18-23
Maintenance Type	Positions 24-39
File Create Date	Positions 40-47
File Create Time	Positions 48-51
Filler	Positions 52-176
Refresh Action	Case/Client Maintenance Detail Positions 1
Case Number	Positions 2-15
Client Type	Positions 16-17
Case Load ID	Positions 18-26
Local Office Code	Positions 27-29
Client First Name	Positions 30-44
Client Middle Initial	Position 45
Client Last Name	Positions 46-65
Street Address 1	Positions 66-95
Street Address 2	Positions 96-125
City	Positions 126-145
State	Positions 146-147
Zip Code	Positions 148-156
Birthdate	Positions 157-164
Social Security Number	Positions 165-173
Issue Card	Position 174
Generate PIN	Position 175
Language Indicator	Position 176
Refresh Action	Case Number Maintenance Position 1
New Case Number	Positions 2-15
Old Case Number	Positions 16-29
Local Office Code	Positions 30-32
Filler	Positions 33-176
Record Type	Case/Client Maintenance Trailer Positions 1-2
Total Detail Records	Positions 3-11

Batch Maintenance Field	Description
Number of Adds	Positions 12-20
Number of Case Number Changes	Positions 21-29
Filler	Positions 30-176

Benefit Batch Maintenance (Payroll) File

NOTE: The EBT vendor must use the following format.

Batch Maintenance Field	Description
Record Type	Benefit Maintenance Header Positions 1-2
Agency Unique	Positions 3-17
Agency Code	Positions 18-23
Maintenance Type	Positions 24-39
File Create Date	Positions 40-47
File Create Time	Positions 48 51
Filler	Positions 52-80
Refresh Action	Benefit Maintenance Detail Position 1
Case Number	Positions 2-15
Benefit Type	Positions 16-21
Authorizations Number	Positions 22-31
Authorizations Amount	Positions 32-38
Benefit Available Date	Positions 39-46
Benefit Available Time	Positions 47-50
Local Office Code	Positions 51-53
Benefit Status	Position 54
Filler	Positions 55-80
Record Type	Benefit Maintenance Trailer Positions 1-2
Total Detail Records	Positions 3-11
Number of Adds	Positions 12-20
Number of Deletes	Positions 21-29
Amount of Adds	Positions 30-40
Filler	Positions 41-80

1.5 Online Interface Message Codes

The following online interface messages are used for InRhodes or equivalent EBT processing.

For detailed layouts of online interface message transaction formats, refer to the *Online Interface Messages* section of section 3.2.

Message Number	Message Type	Description
M0500	Case Inquiry	Used to get information regarding a particular case set up on the EBT system. The information returned will allow the State to determine the amount of cash and SNAP benefits on the EBT case and the cards issued to the clients.
M0501	Benefit Inquiry	Used to obtain information regarding benefits for an EBT account. The information returned allows the clients who are set up to access the benefit (both primary and alternate payees) and to determine when the information was received by the EBT system.
M502	Card Inquiry	Used to obtain information regarding a particular card set up on EBT. The information returned allows the State to determine the status of the card.
H1220	Financial History Inquiry	Used to obtain information on the financial transactions performed. The inquiry returns the data using date ranges (such as start and end date). The request returns up to 15 history transactions per request, with a continuation flag if more records are required for the same search.
M0540	Case/Client Add	Used to add a new client to the EBT system.
M0542	Case/Client Change	Used to change information on an existing client on the EBT system.
M0544	Case/Client Delete	Used to delete an existing client off the EBT system.
M0506	Card Issue	Used to initiate assignment and issuance of a card that will either be mailed to the client by the State or issued over-the-counter by the State. The Card Issue Request is used only for a client that has never been issued a card. If any benefits are available on the case that the client should have access to, the benefits will be available as soon to the client as soon as the PIN has been selected.
M0520	Card Reissue	Used to initiate assignment and issuance of a replacement card that will either be mailed to the client by the State or issued over-the-counter by the State. The Card Reissue Request message is used for a client that has previously been issued a card. If any benefits are available on the

Message Number	Message Type	Description
		case that the client should have access to, the benefits will be available to the client as soon as the PIN has been selected.
M0508	Card Change Transaction	Used to modify the Card Status, PIN Selected, and Cash Distribution fields in the Card Record on the EBT system database.
M0546	Benefit Issuance	Used to add a benefit to a case on the EBT system and link it to the clients on the case based on their client type. The benefit will become available immediately to the recipients on the case (assuming the client has a valid card) on the availability date specified.
M0548	Benefit Change	Used to change the status of a benefit before its availability date. The Benefit Status is the only field that can be changed on the benefit record.
M0422	Repayment	Used to adjust the available balance amount of a benefit when a client voluntarily requests the claim repayment.
M0660	SNAP Benefit Cash Out	Used to convert SNAP benefit authorizations to cash benefit authorizations. This function is currently handled through the EBT system via the transaction sent to it from InRhodes or equivalent.

Report Transaction Group Codes

These codes are used to identify the type of transactions displayed on the reports.

NOTE: The EBT vendor must use these same codes and descriptions.

Report Transaction Code	Description
ADJ	Adjustment
AUT	Online Benefit Authorization
BAU	Batch Benefit Authorization
BCH	Benefit Change
BI	Food and Cash Benefit Balance Inquiry
CAN	Benefit Cancellation
CDD	Cash Direct Deposit
CP	Cash Purchase
CW	Cash Withdrawal
FRV	SNAP benefit Return Void
FSP	SNAP Benefit Purchase
FSR	SNAP Benefit Return
NFD	Non-Clearing SNAP Benefit Adjustment (SNAP Repayment)
NCD	Non-Clearing Cash Adjustment (CA Repayment)
VAF	SNAP Benefit Voice Authorization Purchase
VAR	SNAP Benefit Voice Authorization Return
VCF	Voucher Clear Purchase
VCR	Voucher Clear Return
FVO	SNAP Benefit Purchase
FSC	SNAP Benefit Conversion
(***)	Reversals

***Reversals are a special category that apply to any transaction type.

Reversal Reasons

The following table lists the reasons why a transaction reply is reversed.

Reversal Code	Description
Ø1	Could not send request to switch-----phone line malfunction
Ø2	Acquirer terminal communications error
Ø3	System time out
Ø4	Acquirer terminal malfunction
06	Switch terminal communications error
07	Switch terminal malfunction
08	Late or unsolicited response
13	Void last-----customer cancel
N	Acquiring Network down
M	Not signed in
X	System-generated

Security Resources and Functions

This table lists the security resources or functions that are reported for security access definitions and profiles.

NOTE: These codes are used in transactions sent to the EBT vendor’s system via the online interface.

Security Resource	Description
T0220	Extract download
T0240	Software download
T0400	Security permission
T0500	Case Inquiry
T0502	Card inquiry
T0504	Client inquiry
T0506	Card issue
T0508	Card change
T0520	Card re-issue
T0522	Benefit inquiry
T0524	Case add
T0526	Case change
T0528	Client search
T0540	Client add
T0542	Client change
T0546	Benefit issue
T0548	Benefit change
T0560	Account inquiry

Security Resource	Description
T0562	History summary
T0564	History
T0566	Account add
T0568	Account change
T0580	Find store's vouchers
T0582	Find voucher numbers
T0584	Find approved vouchers
T0586	Find vouchers by PAN
T0588	Accept voucher
T0606	Voice authorization
T0608	Void voice authorization
T0612	Accept voucher - expire
T0614	Accept voucher - status change
T0640	PIN Reset
T0642	Citibank voucher clear
T0646	Void last card fee/repayment
T0660	Cash out process (FS -> Cash)
T0662	Card fees
T0664	Repayments
T0666	Void last cash out
T0668	Case enrollment inquiry
T0680	Case enrollment add
T0682	Case enrollment update
T0684	Survivor information inquiry
T0686	Survivor information add
T0688	Survivor information
T1706	SNAP Benefit inquiry conversion
T1708	SNAP Benefit update conversion
T1720	Agencies by account

1.6 POS Terminal Response Codes

The messages that can occur when transactions are denied are defined in the following table.

NOTE: These codes are used in InRhodes or equivalent. The EBT vendor must use the same codes, descriptions, and messages.

Code	Description	Receipt Printout
A	Invalid time	INVALID TIME CALL CUSTOMER SERVICE
B	Invalid date	INVALID DATE CALL CUSTOMER SERVICE
D	Invalid security code	
F	Invalid terminal number	TERMINAL NOT DEFINED CALL CUSTOMER SERVICE
G	Cardholder not known to processor	INVALID CARDHOLDER NUMBER CALL CUSTOMER SERVICE
H	Invalid expiration date	
I	PIN invalid	WRONG PIN ENTERED RE-ENTER
J	Invalid transaction type	TRANSACTION NOT DEFINED CALL CUSTOMER SERVICE
K	Invalid amount field	RE-ENTER
M	Processor not logged on	CANNOT PROCESS REQUEST CALL CUSTOMER SERVICE
N	Authorizer not available	CANNOT PROCESS REQUEST CALL CUSTOMER SERVICE
P	Card number not found	CLIENT NOT ON FILE CALL CUSTOMER SERVICE
S	Client does not get benefit type	NO FUNDS AVAILABLE CALL CUSTOMER SERVICE
X	Clerk forced off	CLERK FORCED OFF BY SIGNON TO ANOTHER TERMINAL, YOU MUST RE-SIGNON
A1	Unmatched voucher information	UNMATCHED VOUCHER INFORMATION CALL CUSTOMER SERVICE
AA	Transaction not valid for card	TRANSACTION NOT ALLOWED TO CARDHOLDER CALL CUSTOMER SERVICE
AF	Card has invalid ISO prefix	CARDHOLDER NUMBER INVALID CALL CUSTOMER SERVICE
AG	Institution invalid	CARDHOLDER NUMBER INVALID CALL CUSTOMER SERVICE

Code	Description	Receipt Printout
AR	File error	
AS	PIN cannot be validated - hardware	CANNOT PROCESS CALL CUSTOMER SERVICE
CA	Store not defined	ACCEPTOR ID/STORE ID NOT DEFINED CALL CUSTOMER SERVICE
CB	PIN not selected	PIN NOT SELECTED CALL CUSTOMER SERVICE
CC	Bad card status	CANNOT PROCESS CALL CUSTOMER SERVICE
CD	Return exceeds benefit authorization	RETURN EXCEEDS PRIOR AUTHORIZATION
CF	PIN already selected	PIN ALREADY SELECTED
CG	Bad Food & Nutrition Services (FNS) status for merchant	CANNOT PROCESS CALL CUSTOMER SERVICE
CH	Bad store status	CANNOT PROCESS CALL CUSTOMER SERVICE
CI	Duplicate transaction	DUPLICATE TRANSACTION
ND	Lost/stolen card	LOST/STOLEN CARD CALL CUSTOMER SERVICE
NH	Expired card	EXPIRED CARD CALL CUSTOMER SERVICE
NK	Benefits are on hold	
NR	PIN tries exceeded	PIN TRIES EXCEEDED CALL CUSTOMER SERVICE
PE	Function unavailable	FUNCTION UNAVAILABLE CALL CUSTOMER SERVICE
PF	Card not on file	CARD NOT ON FILE CALL CUSTOMER SERVICE
PU	Successful sign-on/password change	SUCCESSFUL OPERATION CLERK FUNCTION
PV	Clerk currently logged on this device	ACTIVE LOGON CLERK FUNCTION
PW	Clerk password invalid	INVALID PASSWORD CLERK FUNCTION
PX	Clerk ID not active	INVALID ID CLERK FUNCTION
PY	Supervisor override required	INVALID FUNCTION CLERK FUNCTION
PZ	Store/user system problems	SYSTEM PROBLEMS CALL CUSTOMER SERVICE
Q1	General denial	CANNOT PROCESS CALL CUSTOMER SERVICE
RK	System malfunction	SYSTEM DYSFUNCTION CALL CUSTOMER SERVICE

Code	Description	Receipt Printout
UI	Invalid supervisor ID	INVALID SUPERVISOR ID MAINTENANCE FUNCTION NOT PERFORMED FOR EMPLOYEE #
UW	Invalid supervisor password	INVALID SUPERVISOR PASSWORD MAINTENANCE FUNCTION NOT PERFORMED FOR EMPLOYEE #
44	Host received same transaction twice	DUPLICATE TRANSMISSION ERROR
55	Bad PIN pad key	WRONG PIN ENTERED; RE-ENTER PIN
nn*	System error	SYSTEM MALFUNCTION CALL CUSTOMER SERVICE

*Where nn is a two-digit error code used by the EBT system vendor's internal staff in determining the problem.

3. STANDARD REPORTS

Standard Reports – Required. All standard reports are required to be downloadable to workable Excel documents.

Standard Reports

Financial Reports Description/Frequency

Daily Activity—Authorization

Identifies all authorization activity for each processing day. This includes all activity on benefit authorizations and cancellations, SNAP Benefit conversions to cash, repayments and aging. Sorted by county/local office. Frequency is daily.

Daily Activity—Terminal Identifies all withdrawals and refunds by case for each business day. This includes all activity at ATM and POS terminals, balance inquiries through the ARU and direct deposits processed. Sorted by county/local office. Frequency is daily.

Daily Activity Summary Summarizes all the activity reported on the Daily Activity — Authorization and Daily Activity — Terminal reports. Frequency is daily.

Terminal Activity Report Reports the transaction activity for the EBT Gateway and by EBT-only retailer. This report provides retailer settlement information based on their chosen cutoff time. Frequency is daily.

Terminal Activity Summary— Merchant

Provides a summary of each benefit group accessed and the total amounts of transaction activity at a single location. The EBT staff can use this report to review the type of transactions and benefits accessed at terminals located at specific locations. Frequency is daily.

Terminal Activity Summary—State

Provides a summary of all transaction activity for the EBT Gateway and all EBT-only retailers as a grand total for the State. Frequency is daily.

ACH Activity—Merchant

Identifies the EBT-only retailer deposits for each retailer business day. The EBT staff can use this report to review or research deposit amounts made to each retailer. Frequency is daily.

ACH Activity Summary

Summarizes all EBT-only retailer ACH activity and direct deposits for the State. Frequency is daily.

ACH Activity—Merchant Overdraft

Lists the EBT-only retailers that have an overdraft condition. An overdraft condition occurs when a retailer's return transactions exceed the amount of their sales. Frequency is daily.

Clearing Statement

This is a state level report that recaps all financial activity for which funds must be transferred by the state or federal agencies to offset money moved to various settlement endpoints. The EBT staff or the Financial staff can use this report to review the financial activity and the drawdown for the business day. Frequency is daily.

Financial Reports Description/Frequency

AMA Batch Issuance Report

Summarizes food support authorization activity by effective date to allow easier tracking of the automated entries made to AMA. Frequency is daily.

Agency Reconciliation

Provides settlement amount, previous suspense, current suspense and daily activity, by benefit group, for the agency. The EBT staff or the financial staff can use this report to tie the Clearing Statement to the Daily Statistics report, which will aid in the reconciling of the FNS Letter of Credit. Frequency is daily. As an alternative, contractor can provide a County Reconciliation Report. If the State requires a combination of a State and County Reconciliation report, the requirements will be defined during the Requirements Review and an estimate provided.

Repayment Report

Shows all repayment transactions processed for clients each business day. Frequency is daily.

Repayment Summary

Summarizes the count and amount of all repayment transactions by benefit group. Frequency is daily.

Adjustment Transaction Detail

Lists all adjustments made to a client's cash or food support benefits through the contractor Administrative Terminal. Frequency is daily.

Support Reports Description/Frequency

Admin Activity—Authorization

Provides detail of all activity performed on an authorization from the Administrative Terminal for each county office during the business day. Frequency is daily.

Admin Activity Summary—County

Summarizes the activity entered through the Administrative Terminal on each benefit group and benefit type within the county office code. Frequency is daily.

Admin Activity Summary—State

Summarized the activity entered through the Administrative Terminal, by benefit group and benefit type for the State. Frequency is daily.

Aged Authorization Detail

Lists, by county and caseworker ID, those benefit authorizations that have not been accessed for 1, 2, and 3 months. Frequency is monthly.

Aged Authorization Summary—County

Summarizes the aged authorizations, by benefit group, for each county office. Frequency is monthly.

Aged Authorization Summary—State

Summarizes the aged authorization, by benefit group, for the State. Frequency is monthly.

Aged Authorization Action

Identifies, by county and caseworker ID, benefit authorizations that have never been used. Frequency is monthly.

Voucher Activity

Lists all vouchers processed for a retailer location during the business day. Frequency is daily.

Voucher Tracking

Shows the total counts and amounts of the State's weekly voucher activity. This report compares the voucher activity for the traditional and nontraditional retailers. Frequency is weekly.

Denial Code Breakdown

Details, by county, all denied cardholder transactions. Frequency is daily.

Denial Code Breakdown Summary

State summary of denied transactions and their denial codes used to reject the client transaction. Frequency is monthly.

Support Reports Description/Frequency

Card Status

Details, by card within case, within county office, all cards that have had a change in status for the processing day. Detail includes case number, card number, date and time of the transaction, user ID of the individual that changed the card status and the card status reason. Status reasons include lost, stolen, damaged, and payee changed. Frequency is daily. The account balances are reported only on financial transactions.

Card Status Summary—County

Summarizes the number of cards statused for each status reason and provides month-to-date totals for each county office. Frequency is daily.

Card Status Summary—State

Summarizes the number of cards statuses for each status reason and provides month-to-date totals for the State. Frequency is daily.

Card Re-Issue Analysis Detail

Indicates the number of cards re-issued to a client within a case for each county office. The report lists the case number, client name, card number, date last replacement was issued, user ID of the issuer, and the total number of cards issued. Frequency is monthly.

Card Re-Issue Analysis Summary

Summarizes the number of cards re-issued by each county, the re-issue rate, and the reasons for replacement. Frequency is monthly.

Card Re-Issue Analysis Monthly Summary

Summarizes the number of cards re-issued for each county. The report lists, for each county, the number of clients that have received less than 3 cards, 3 cards, 4 cards, 5 cards, 6 cards, 7 cards, and greater than 7 cards. Frequency is monthly.

ATM & POS Average Usage

Lists the total count, dollar amount, and the average transaction amount for both ATM and POS transactions for both cash and food support benefits. Frequency is monthly.

Excessive Large Dollar Transactions

Lists retailers with one terminal who perform five or more food support transactions per month that are greater than or equal to \$100.00. Frequency is monthly.

Multiple Withdrawals Same Day

Lists multiple withdrawals made at the same retailer, the same terminal, on the same day, in which more than one withdrawal is made by the same PAN. Frequency is monthly.

Balance Inquiry/Withdrawal

Lists food support balance inquiries followed by a food support purchase at retailers who have one terminal. The withdrawals equal the remaining balance or at least \$75.00. Frequency is monthly.

Manual Card Entry Report—County

Lists the cardholders, within county office, whose EBT card number was manually entered and not swiped. Frequency is monthly.

Manual Card Entry Report—Terminal

Lists the cardholders, by terminal ID, where their EBT card number was manually entered and not swiped. Frequency is monthly.

Batch Reports Description/Frequency

Batch Refresh Totals Report

Provides statistics on each batch received. The report summarizes the total number of detail records, the count and dollar amount of the add transactions and the number of changes, deletes, and errors detected. Frequency is based on receipt of batch.

Batch Refresh Error Report

The *Batch Refresh Error Report* lists all records, received in a batch that were not processed due to edit error. For those records in error, the report lists case number, record number in the file, record type and action, the field in error, the error data and error description. The *Batch Refresh Error Report* will report **all** errors that occur in the batch received from the State including duplicate case exceptions. Frequency is based on receipt of batch.

Security Reports Description/Frequency

Failed Log-on

Provides a list of all unsuccessful log-on attempts on the Administrative Terminal. Frequency is daily.

Session Activity

Provides an audit trail of user activity on the Administrative Terminal. The report will list, by user ID, online case, client, benefit, and card adds (set up), changes, and inquiries. Frequency is daily.

Access Definition

List the State's profiles that were established and the valid functions within each profile. Frequency is monthly.

User Access Definition

List all users, by user ID, the type of user, their status, the profile to which they are assigned and the user name. Frequency is monthly.

Statistical Reports Description/Frequency

Monthly Utilization—Location

Provides a transaction summary, by benefit type, for each EBT-only retailer and the EBT Gateway. Frequency is monthly.

Monthly Utilization Summary

Provides a transaction summary for the State. Frequency is monthly.

Response Time Analysis

Provides a statistical summary of the transaction response time based on parameters defined by FNS. Frequency is weekly.

Response Time Summary

Provides a statistical summary of the authorization processor and POS network response times for clients attempting to access their benefits. Frequency is weekly.

Daily Statistics

Provides information on transaction activity by benefit type within benefit group. The contractor standard reporting does not provide the information by county. Frequency is daily.

Daily Database Value

Provides a cumulative report of all activity on the database. The report shows beginning balance, current activity, and ending balance for each benefit group and benefit type. This report can be used by the State to identify data discrepancies between the contractor system and the ACCESS eligibility system. Frequency is daily. The *Database value* report can be provided at the State or county Level. If the State requires a combination of a State and county level report, the requirements will be defined during the Requirements Review and an estimate provided.

Balance Verification

Summarizes various business function totals and indicates if the contractor s system is balanced. Frequency is daily.

Statistical Reports Description/Frequency

Out-of-State Activity

Reports all transactions initiated by cardholders at terminals located outside of Rhode Island. The report is sorted by county or local office and is summarized by the state in which the transaction occurred. By state within county, the transactions are in case number order. Within case number, transactions are sorted date/time order. Balance inquiries at a POS or ATM are included on this report. ARU balance inquiries are excluded. Frequency is monthly.

Out of State Activity Summary

Provides a summary of transactions initiated by cardholders at terminals located outside of Rhode Island. The report is sorted by state of origin. Grand totals by source are provided for cash, food support and balance inquiries. Frequency is monthly.

Network Statistics

Provides an overview of the transactions used to distribute benefit authorizations through the retailer and bank networks. Frequency is monthly.

Network Statistics Summary

Provides a summary, by date, of POS and ATM transactions and amounts. Frequency is monthly.

Management Statistics

Provides a summary of monthly activity for cards, cases, and authorization transactions. The report includes case statistics on active, inactive, deleted, and total cases, and cases added online. The report shows information on authorizations, by benefit type, added via batch and online. The report provides statistics, by transaction source, and shows the number of transactions approved and denied, the percent denied, and the average number of transactions per case. Frequency is monthly.

Transaction Statistics by Hour

Summarizes transaction counts for, client-generated transactions, on an hourly basis by day of the month. Frequency is monthly.

Transaction Summary by Hour

Summarizes client-generated transaction counts by hour for all days during the month. Frequency is monthly.

Transaction Summary by Day

Summarizes client-generated transaction counts for all days during the month. Frequency is monthly.

Client Address report

Report to list the addresses of all DHS clients. Frequency is monthly.

NOTE: Billing report numbers may change as listed below based on the addition of surcharge free transactions in the billing calculations. The number of fee-free ATM and POB cash withdrawals per case includes surcharged transactions.

Billing Report Description/Frequency

Billing Detail

Provides the active case counts and billing rates based on cash cases, food support cases, and cash and food support cases as specified in the State's cost tables. Frequency is monthly.

Billing Summary

Provides a summary of active case counts by cash, SNAP Benefits, and combined cash and SNAP Benefits. Frequency is monthly.

Billing Case Summary

Provides a summary of billing information by benefit type within each billing group (cash, SNAP Benefits, combined cash and SNAP Benefits). Frequency is monthly.

Billing Audit

Provides a detailed listing of all records used to report billing information. Frequency is monthly.

Billing Exception Detail

Provides a detail listing of all non-billable authorizations. Frequency is monthly.

Cash Withdrawal ATM and POS Audit Summary Report

Provides a summary of accounts for the transactions for which the client paid a transaction fee (4+). Frequency is monthly.

Cash Withdrawal ATM & POS Audit Report

Provides a detailed listing of all records used to report client transaction fee billing information. Frequency is monthly.

Monthly Transaction Fee Report

The Monthly Transaction Fee Report is a summary of transaction fees charged against the client by the contractor, as well as transaction surcharges levied against the client by the ATM owner for cash withdrawals. Transaction fees will be reported by category, and will include ATM cash withdrawal fees and POS cash withdrawal fees, (as well as any other specific fees directly charged against the client's EBT account). The report will include ATM surcharges levied against the client as a separate category for any transaction where the surcharge is separately identified.

Reversal Rate Report

The standard Reversal Rate Summary Report lists the number of reversals by acquiring source, ATM, EBT-only and Third Party Processor.

Adjustment Reports

The *Adjustment Transaction Activity Report* lists debit adjustment activity entered, including those that are not settled due to insufficient funds at the time the adjustment is entered.

The *Adjustment Transaction Activity Summary Report* provides a summary of the count and amount of all adjustment transactions by transaction type for that date. If no adjustment transaction activity occurs, the report will not be produced.

To meet the requirements of the RFP, we will continue to provide the *Adjustment Transaction Detail Report* that lists all debit and credit adjustments that were settled within the reporting day. The Exception Report will also continue to be provided to the State.

Inactive Users Greater than 90 Days

The *Inactive User Report* is presented in the same format as the User Access Report but will only list those users that have not logged on in the past 90 days.

Card Fee Reports

The *Card Fee Report* lists, by county office, case number and cardholders who have been assessed a card replacement fee. The report provides the benefit type and benefit authorization number and the amount of the fee.

The *Card Fee Summary Report* summarizes, by benefit group, the counts and amounts of card fees charged.

Authorization Activity Summary

The *Authorization Activity Summary* summarizes the detail information sent by the State via batch or added through the Administrative Terminal and reported on the Daily Activity – Authorization Report. The report summarizes the information by benefit group and type within available date. The report provides the State a summary of benefits posted to the system but may not be available to the client.

ACH Reject Report

On a semi-annual basis, the contractor will provide the State with a listing of open instances where we were ultimately unable to locate and settle funds to the acquirer. This report includes details of the acquirer, account information, amounts, and reasons for returns.

1.1 Additional Reports

The State of Rhode Island may request up to three additional reports, not listed above, as part of the base contract.