

# Bureau of Fraud Investigation Full Benefit Assistance City Employee Wage Match Procedure (Project 334-CA, SNAP, and MA)

December 20, 2013

Prepared by:

Management Analysis, Policy& Data

**Investigation, Revenue and Enforcement Administration** 

### **PROCEDURE NOTE:**

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### I. AUDIENCE

This procedure is intended for all Investigation, Revenue, and Enforcement Administration (IREA) Bureau of Fraud Investigation (BFI) staff: Director, Supervisor, Senior Fraud Investigators, Fraud Investigators, and Clerical support staff.

### II. BACKGROUND

Social service agencies are required to implement measures that are designed to prevent, detect, and report fraud. Fraud is the willful intent to misrepresent, conceal, or withhold facts for the purpose of obtaining social service benefits. In the Human Resources Administration (HRA), the Bureau of Fraud Investigation (BFI) investigates complaints of Cash Assistance (CA), Supplemental Nutrition Assistance Program (SNAP), and Medical Assistance (MA) fraud received from participants, staff, and other persons.

### III. OVERVIEW

The Full Benefit Assistance City Employee Wage Match (Project 334) is a data match of Cash Assistance clients with reported earned income from employment with the City of New York. The match is run each month by the New York State Office of Temporary and Disability Assistance (OTDA) and is sent to IREA Systems. IREA Systems formats the data and forwards it to Management Analysis, Policy and Data (MAPD) Data Analytics Unit (DAU). DAU reviews the data to identify cases which are likely to result in a positive disposition.

Among the data elements reviewed by DAU are: 1) earned income amount, 2) household size, 3) income disclosed to the agency by the client, 4) amount of CA benefits, 5) eligibility dates, and 6) case status. DAU selects those cases where the client's household was ineligible for benefits and the income was not disclosed to the agency. IREA Systems then inputs the cases in the Investigative Reporting Information System (IRIS). IREA Systems ensures that the cases are not duplicates of current or recent investigations. Cases for HRA employees that are identified for investigation are referred to BFI/IREA management who will determine if the Department of Investigations should be notified.

### IV. INVESTIGATIVE STEPS

### A. Initial clearances

The investigator should promptly review IRIS for a possible ongoing investigation or allegation and identify the reported income, and the employer name and address. In the HRA One Viewer, locate the client's Recertification Application (DSS-3174 NYC), if available, to review employment information disclosed by the client during the recertification process. Review The Work Number Service (TALX) for possible client employment matches. Print out the Welfare Management System (WMS) clearances and Resource File Integration (RFI) information for each Project 334 investigation.

The WMS screens to print include:

- WMS Case Menu Screen 22, Case Composition—Suffix/Individual Summary (Figure 1).
- WMS Case Menu Screen 22X, Client Information (Figure 2).
- WMS Case Menu Screen 20, Budget Information (Figure 3).
- WMS Case Menu Screen 04, Case Action History (Figure 4).
- WMS Case Menu Screen 10, Recoupment Menu (Figure 5).
- Most recent RFI screens for Wage Reporting System (WRS) and Unemployment Insurance Benefit (UIB), as well as any other RFI information (Figure 6).

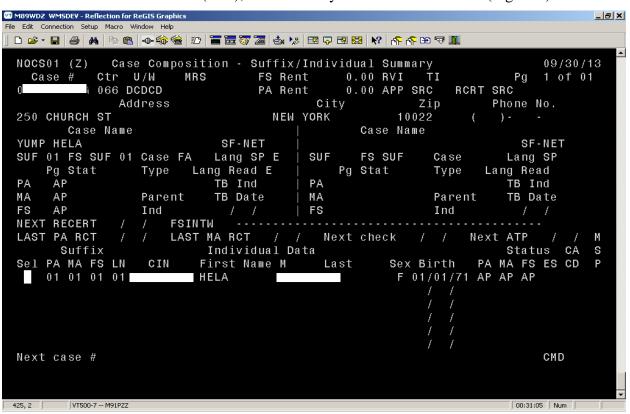


Figure 1

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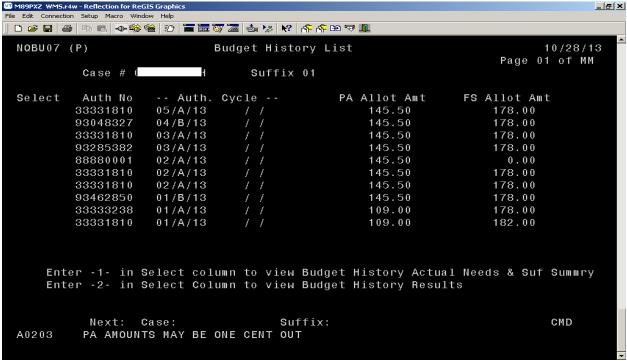


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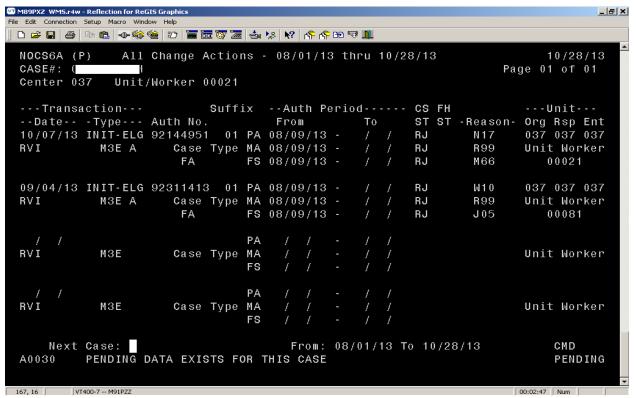


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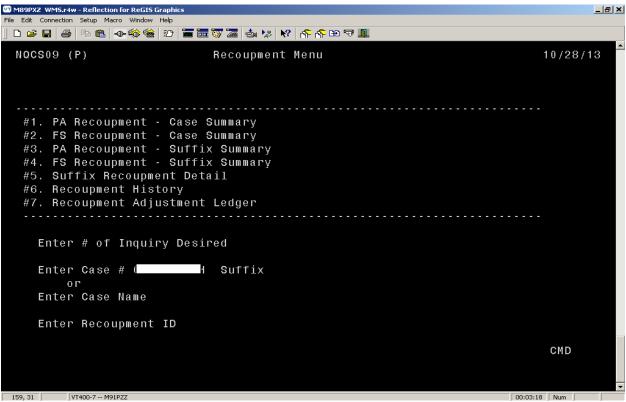


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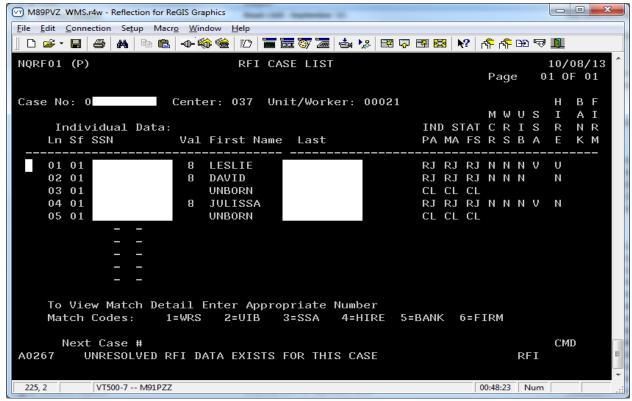


Figure 6

### **B.** Payroll Management System

The investigator should promptly request the client's Payroll Management System employment report from the agency liaison (Attachment 1). The Payroll Management System report should be requested for as long as the client has been active for benefits and should include all overtime and other employment income. Ensure that the client's social security number and date of birth, provided by PMS, matches with the WMS and IRIS records. Scan the PMS report into the HRA One Viewer in case a referral is made to the Division of Financial Review and Processing (DFRP).

### C. Determination of Disposition

The investigator must review the payroll information against the most recent client CA applications, recertifications, and employment letters. The information client provided to the agency along with the current case status, will determine the appropriate investigative disposition. This step requires the investigator to review the PMS, WMS screens, HRA One Viewer, and Paperless Office System (POS) comments section to determine the following:

- If the case is for fraud or an overpayment
- Current eligibility status
- If the case is active or closed

If fraud is established, the case may be referred for an Intentional Program Violation (IPV) or to the District Attorney (DA). If there is an overpayment and the client is no longer employed, the case is referred to DFRP. This is due to the fact that there is no longer a disposition in IRIS to initiate a recoupment for CA cases. If the case results in an overpayment claim, the investigator should not waste time on budgeting a case that will remain active, especially when the agency can not pursue a Voluntary Recovery or Civil Litigation. However, closed cases with a current income can be referred for Civil Litigation or Voluntary Recovery.

### D. Budgeting

### **Determining the Claim Period**

The claim period is the period of time that an overpayment was made and for which reimbursement is sought. It is important to determine how far back an overpayment was made and the start month for the claim. Determine the first month of overpayment by reviewing the client's application for employment information that was either unreported or inaccurately reported during the cash assistance application process. Earned income must be reported by the cash assistance recipient, within 10 days of the first pay, or within 10 days of the end of the month to be considered timely for the next month.

### **Calculating the Amount of the Claim**

When the payroll information is received, the investigator should budget the income. For CA cases, the investigator must determine the claim amount for each month that the income was not budgeted. This step requires the investigator to review the WMS screens, HRA One Viewer, Paperless Office System (POS) comments section, and the Enterprise Data Warehouse (EDW), and determine the following:

- Household composition (WMS)
- Payroll Information (PMS)
- Grant Profile (EDW),
- Budget History (WMS)

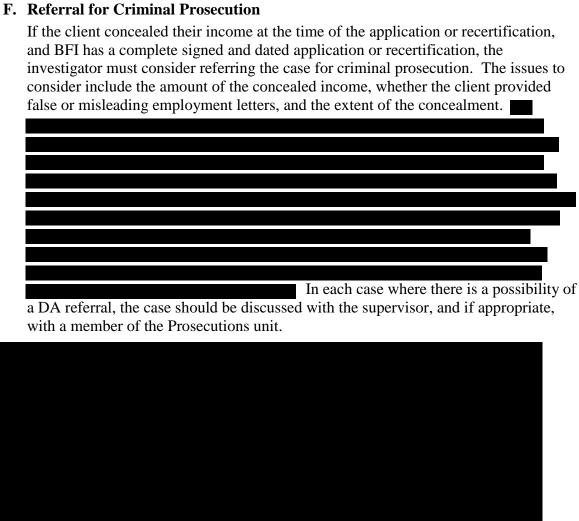
If fraud is established, the case may be referred for an IPV. When determining the claim amount for CA budgets on fraud cases that are referred for an IPV, the claim should be for the lesser of the two amounts between the "Amount Received" and "Budgetable Income" which are shown on the CA Monthly Claim Report. Neither employment incentives nor disregards are given on fraud budgets. For DA cases, the "Fraud Budget" should be presented. However, the Assistant District Attorney may request the overpayment claim amount, if the client had reported his/her income, in which case the incentives and disregards would be applied.

If the claim is for an overpayment, the budget may be done manually using a Cash Assistance Budget Computation Form (W-648) (Attachment 2). If the participant is still eligible for a CA grant during the period of overpayment, recoup the difference, between the amount the participant received and the amount that he/she should have been entitled to, for each month the income was not budgeted. If the budget result indicates that the household is ineligible, recoup the entire semimonthly CA grant for each month the income was not budgeted. Evaluate the case for possible transitional

benefits. Overpayment budgets also take into consideration employment incentives and disregards, thereby indicating "Amount Received" versus "Amount Entitled "on the CA Monthly Claim Report. The complete budget should be reviewed by the supervisor for accuracy.

### E. Interview

The client should be called for an interview when he/she disclosed his/her income to the agency but the income was not budgeted (an agency error). In such instances, the client should be called in for a voluntary recovery.



### G. Referral for Intentional Program Violation

When the client fails to inform the agency of their increased income between recertification periods, the investigator must consider referring the case for an Administrative Disqualification Hearing (ADH). It is determined at ADH that a client committed an Intentional Program Violation (IPV). In addition, in certain cases

	, the case
should be referred for an IPV.	

### H. Voluntary Recovery

Investigators should seek voluntary recoveries only in two types of cases:

- 1. Closed cases or those cases where the agency has sufficient evidence to close (e.g. excess income), and where there is an overpayment and the documents necessary for DA referral or IPV are not available.
- 2. Cases where the client is gainfully employed or has sufficient means (e.g. spousal/family support) and had reported their income to the agency, but it was not properly budgeted.

In each case, the client will be informed that they have received an overpayment of PA benefits and will be given the opportunity to pay the full amount of the overpayment.

Voluntary Recovery <u>should not</u> be taken on cases where the client is no longer employed and the case remains active.

### I. Case Closing

All cases where the client is ineligible for benefits at the time of the investigation should be referred for case closing to IREA's DFRP.

### J. Referral for Rebudgeting, Recoupment or Deferred Recoupment

In an investigation where there is no possibility of obtaining a DA or IPV referral, and the client does not appear for an office interview, the investigator should refer the case to DFRP to initiate a claim if there is an overpayment. The investigator can pursue a Civil Litigation for Public Assistance and Medicaid claims, for closed cases or cases scheduled to be closed, with current income verified. When there is an agency error and the client remains eligible for benefits, the case should be referred for both rebudgeting and recoupment to IREA's DFRP. When the client received an overpayment as a result of an agency error, and their CA case is closed, OTDA requires that the agency establish a claim in the amount of the overpayment.

### **ATTACHMENT 1**

### Payroll Management System Request Form (BFI-154)

BFI-154 (E) 08/21/2012 INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION BUREAU OF FRAUD INVESTIGATION Human Resources Administration 250 CHURCH STREET, 3RD FLOOR NEW YORK, N.Y. 10013 DATE: , Deputy Director TO: FROM: Investigator \_\_\_\_ Supervisor Extension SUBJECT: REQUEST FOR CITY EMPLOYMENT PAYROLL ..... Case Name: Case Number: Name of Subject: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: Period of Request: WMS Address: Results: \_\_\_\_

## **ATTACHMENT 2**

# **Cash Assistance Budget Computation Form**

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