



Bureau of Fraud Investigation
Project 601
Investigation of CA-SNAP EBT Usage Out-of-State
May 13, 2014

Prepared by:

**Management Analysis, Policy
and Data
Investigation, Revenue and
Enforcement Administration**

PROCEDURE NOTE:

This procedure manual (including any modifications) is prepared for informational purposes only. The purpose of this procedure manual is to provide support and guidance to the management and staff of the NYC/HRA Investigations, Revenue, and Enforcement Administration (IREA). Nothing in this manual is intended to create nor does it create any enforceable rights, remedies, entitlements, or obligations. IREA reserves its right to change or suspend any or all parts of this manual at any time.

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I. AUDIENCE

This procedure is intended for the Directors, Supervisors, Senior Fraud Investigators, Fraud Investigators, and Clerical support staff in the Investigation, Revenue, and Enforcement Administration (IREA) Bureau of Fraud Investigation (BFI) involved in the pursuit of individuals who may be improperly or illegally redeeming Cash Assistance (CA) benefits, Supplemental Nutrition Assistance program (SNAP) benefits, or both, outside New York City or New York State.

II. BACKGROUND

The Human Resources Administration (HRA) oversees the provision of Cash Assistance (CA) and Supplemental Nutrition Assistance Program (SNAP) benefits to eligible individuals or families residing within the five boroughs of New York City. BFI examines complaints of fraud taking place in the CA and SNAP Programs.

This procedure describes the BFI process to halt the improper or illegal redemption of CA and SNAP benefits.

III. OVERVIEW

BFI Project 601 (CA-SNAP EBT Usage Out-of-State)

Every three months the New York State Office of Temporary and Disability Assistance (OTDA) runs a data match entitled: “The Specialized Fraud Abuse Reporting System (SFARS) Report.” The report is a list of CA and SNAP program participants whose usage has come to the attention of Agency as a result of six months or more of questionable patterns of Electronic Benefits Transfer (EBT) account benefit redemption at a location outside of New York City, and in some instances, outside New York State.

That list is then sent to IREA Systems who forwards the list to IREA’s Management Analysis, Policy, and Data (MAPD) division for pre-validation of the data before the list is sent to BFI.

After MAPD validates the data, they upload the case list into the Investigative Reporting Information System (IRIS) used by BFI to process its investigative cases.

MAPD reviews the data to ensure that:

- The case is still active and not scheduled to close until the following month
- The participant is still using the benefits outside of New York City

- The cases identified (“hits”) are not duplicates of current or recent “hits” already generating investigations.¹

IV. INVESTIGATIVE STEPS

A. Initial clearances

When beginning Project 601 assignments the investigator should promptly review IRIS for ongoing investigations or previous allegations. Simultaneously, the investigator will access the participant’s Recertification Application (DSS-3174 NYC) through the HRA One Viewer (“electronic case record” or elsewhere) to review verified household composition, a change of address, or other personal or case information affecting where the benefits are issued and used. The investigator will also determine whether such a change was disclosed to the Agency by the participant in accordance with the Agency’s eligibility requirements.

Households that are found to have usage that violates the Agency’s rules and do not have exempting circumstances are assigned for investigation. The investigations may lead to an Intentional Program Violation (IPV) action, a recoupment action, or referral to the District Attorney’s office for their review and potential prosecution.

The Welfare Management System (WMS) clearances and Resource File Integration (RFI) information for each Project 601 investigation should be printed out and added to the case file. The WMS and RFI screens 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).
- RFI screen 01 showing the most recent Wage Reporting System (WRS), as well as RFI information (Figure 5).

¹ All “hits” are reviewed by BFI, including duplicated listings which may appear for a variety of reasons for the same individual or household. Duplicated “hits” will be referred to BFI for clearance and disposition.

```

NOCS01 (Z)      Case Composition - Suffix/Individual Summary          09/30/13
Case #   Ctr  U/W   MRS      FS Rent    0.00 RVI   TI          Pg 1 of 01
          066 DCD CD      PA Rent    0.00 APP SRC   RCRT SRC
          Address                      City      Zip      Phone No.
250 CHURCH ST                      NEW YORK    10022    ( )- -
Case Name                      Case Name
YUMP HELA                      SF-NET                      SF-NET
SUF 01 FS SUF 01 Case FA   Lang SP E | SUF   FS SUF   Case   Lang SP
Pg Stat      Type   Lang Read E |   Pg Stat      Type   Lang Read
PA  AP                      TB Ind | PA                      TB Ind
MA  AP                      TB Date | MA                      TB Date
FS  AP                      Ind   /  / | FS                      Ind   /  /
NEXT RECERT / / FSINTW -----
LAST PA RCT / / LAST MA RCT / / Next check / / Next ATP / / M
Suffix      Individual Data      Status CA S
Sel PA MA FS LN  CIN  First Name M Last Sex Birth PA MA FS ES CD P
  01 01 01 01  [REDACTED] YUMP [REDACTED] / /
                                     / /
                                     / /
                                     / /
                                     / /
Next case #                                CMD

```

Figure 1 – Case\Suffix\Individual Summary

```

NQIN2A (Z)      Client Information as of 09/30/13                    09/30/13
Page 01 of 01
CIN      First Name M Last      Sex   SSN      Val SSN Date Birth Date
[REDACTED] [REDACTED] F [REDACTED] 1 / 0 [REDACTED]
CHAP SSI BCS OTM EDC WK-PROG Vet RR 30-1-3-History Date St/Fed Date
Begin End 00/00
Stud ID      Stud ID Code 0 Tasa Ind ACI  DOS / / DEC / /
Alien#      CDC  SSF      Mar Stat Ed Stat High Degree
Afis Ind      EPI  CH  AD-EX / / BVI  H N I N A N B N P N W Y
Sel Case No.  LN  ---Dispositions--- ---Last Txn-- CAT S/F ---Employ---
Hist Ctr Cat FAP Rel Sf St Rsn Date Auth No. Type Code Chrg Code Date
  01  [REDACTED] 01 PA 01 AP 09/30/13 00000000 / /
MA 01 AP 09/30/13 / / / /
FS 01 AP 09/30/13 Rel Moth 00 TL-Ex / /
PA / / / / / /
MA / / / / / /
FS / / Rel Moth 00 TL-Ex / /
PA / / / / / /
MA / / / / / /
FS / / Rel Moth 00 TL-Ex / /
Select History Date Range : / / to / / IPV MSP TPHI DGC
To view a Case,enter Case #: Suf: Date: 09/30/13
Next Date: 09/30/13 Cin: or Case #: Ln: CMD
A0083 OTHER NAME(S) DO NOT EXIST

```

Figure 2 – Individual Client Information

NOBU07 (P)		Budget History List			10/28/13	
					Page 01 of MM	
Case #		Suffix 01				
Select	Auth No	-- Auth.	Cycle --	PA Allot Amt	FS Allot Amt	
		05/A/13	/ /	145.50	178.00	
		04/B/13	/ /	145.50	178.00	
		03/A/13	/ /	145.50	178.00	
		03/A/13	/ /	145.50	178.00	
		02/A/13	/ /	145.50	0.00	
		02/A/13	/ /	145.50	178.00	
		02/A/13	/ /	145.50	178.00	
		01/B/13	/ /	145.50	178.00	
		01/A/13	/ /	109.00	178.00	
		01/A/13	/ /	109.00	182.00	
Enter -1- in Select column to view Budget History Actual Needs & Suf Summry						
Enter -2- in Select Column to view Budget History Results						
Next: Case:		Suffix:			CMD	
A0203		PA AMOUNTS MAY BE ONE CENT OUT				

Figure 3 – Budget History List

NOCS6A (P) All Change Actions - 08/01/13 thru 10/28/13										10/28/13	
CASE#: [REDACTED]										Page 01 of 01	
Center 037 Unit/Worker 00021											
---Transaction---											
--Date--		--Type--	Auth No.	Suffix	--Auth Period-----			CS FH	---Unit---		
					From	To		ST ST	-Reason-	Org	Rsp Ent
10/07/13		INIT-ELG	92144951	01 PA	08/09/13	-		/ /	RJ	N17	037 037 037
RVI		M3E A	Case Type	MA	08/09/13	-		/ /	RJ	R99	Unit Worker
			FA	FS	08/09/13	-		/ /	RJ	M66	00021
09/04/13		INIT-ELG	92311413	01 PA	08/09/13	-		/ /	RJ	W10	037 037 037
RVI		M3E A	Case Type	MA	08/09/13	-		/ /	RJ	R99	Unit Worker
			FA	FS	08/09/13	-		/ /	RJ	J05	00081
/ /				PA	/ /	-		/ /			
RVI		M3E	Case Type	MA	/ /	-		/ /			Unit Worker
				FS	/ /	-		/ /			
/ /				PA	/ /	-		/ /			
RVI		M3E	Case Type	MA	/ /	-		/ /			Unit Worker
				FS	/ /	-		/ /			
Next Case: [REDACTED]				From: 08/01/13 To 10/28/13				CMD			
A0030				PENDING DATA EXISTS FOR THIS CASE				PENDING			

Figure 4 – All Change Actions

```

NQRF01 (P)                                RFI CASE LIST                                10/08/13
                                           Page 01 OF 01

Case No: [REDACTED] Center: 037 Unit/Worker: 00021

Individual Data:
Ln Sf SSN Val First Name Last IND STAT C R I S R N R
PA MA FS R S B A E K M
-----
01 01 [REDACTED] [REDACTED] [REDACTED] RJ RJ RJ N N N V U
02 01 [REDACTED] [REDACTED] [REDACTED] RJ RJ RJ N N N N
03 01 [REDACTED] [REDACTED] [REDACTED] CL CL CL
04 01 [REDACTED] [REDACTED] [REDACTED] RJ RJ RJ N N N V N
05 01 [REDACTED] [REDACTED] [REDACTED] CL CL CL
- -
- -
- -
- -
- -

To View Match Detail Enter Appropriate Number
Match Codes: 1=WRS 2=UIB 3=SSA 4=HIRE 5=BANK 6=FIRM

Next Case # CMD
A0267 UNRESOLVED RFI DATA EXISTS FOR THIS CASE RFI

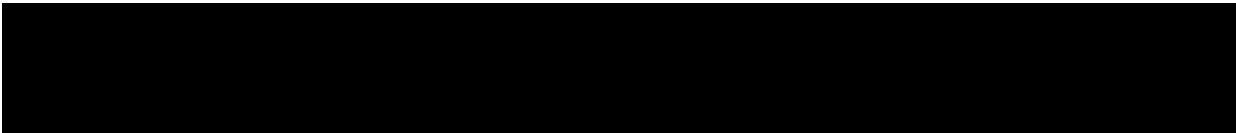
```

Figure 5 – RFI Case List

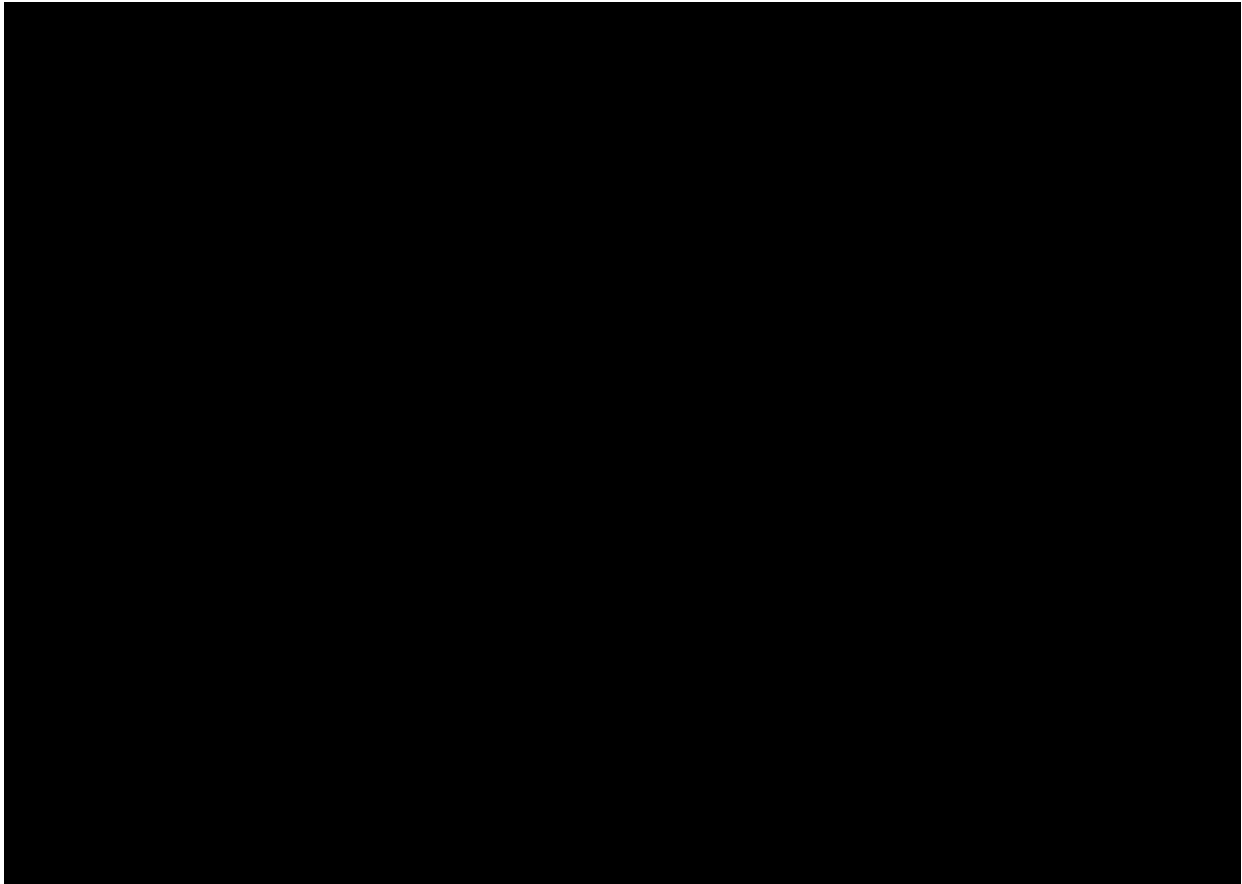
B. Determination of Disposition

The investigator must review the WMS and RFI information against the participant's most recent applications or recertifications. The current case information the participant provided to the agency along with the information obtained from collateral contacts and current agency records will determine the appropriate investigative disposition. The investigator reviews the SFARS Report, WMS screens, HRA One Viewer, and Paperless Office System (POS) comments section to determine the following:

- Current case or individual eligibility status.
- The address information reported by the participant.
- The history of issuance and redemption of CA or SNAP benefits over the last two years.
- The location outside NYC where the benefits are being redeemed.
- Any information or extenuating circumstance reported by the participant that would explain or exempt them from program rules mandating the redemption of benefits within NYC (CA) or NYS (SNAP).



After speaking with the parties listed above the investigators will complete **BFI-45 Report of Interview** (Attachment 1) detailing the information obtained. It is important for the investigators to carefully note the information provided in response to their questions as the responses may indicate current issues requiring deeper investigation or lead the investigation in new directions altogether.



C. The Interview

After the initial phase of the investigation outlined in the preceding sections has yielded information, the participant will be sent two call-in letters; one to their WMS address of record and one to the out-of-state address being investigated. These letters will direct them to appear for an interview at BFI's 250 Church Street location to verify their current residence and explain verbally (or in a written statement) the dual receipt of benefits or the possibly improper out-of-state usage of their public assistance benefits.

At the time of the interview the participant will be required to provide documentary proof of on-going residence within the City of New York for themselves, any other adults included in the household budget calculations, and any children listed on the case in WMS. They will also be asked to explain the specific reasons and circumstances surrounding the out-of-state usage since their initial application or most recent recertification.

(Note: Acceptable documentation cannot be older than 30 days prior to the interview date)

Examples of acceptable documentation include but are not limited to:

- Department of Motor Vehicles (DMV) issued Driver's License, Non-Driver's Identification card, Passport, Department of Immigration and Naturalization Services (INS) I-551 (Alien Registration card), or other government issued identification containing a photograph.
- Clearly postmarked mail addressed to the participant at the WMS address of record.
- Clearly postmarked mail addressed to each of the other adults counted in the budget calculation at the WMS address of record.
- Letters from the school the children attend in NYC on official school letterhead appropriately signed and dated.
- Letters from the landlord or management company responsible for the building, apartment, or house listed on WMS as the household address.
- Mortgage, lease agreement, or rent receipts showing the address, participant's name, and a current date.
- Utility or other bills showing the participant's name, address, and a current date.
- In shared living situations, a letter from the primary tenant accompanied by a current bill in the primary tenant's name.
- Other verifiable documentation from an official source, e.g. government office, banking institution, showing the participant's name, address, and a current date.

The investigators conducting the interview will make photocopies of the participant's original documents and notify them that the case disposition will be sent by mail.

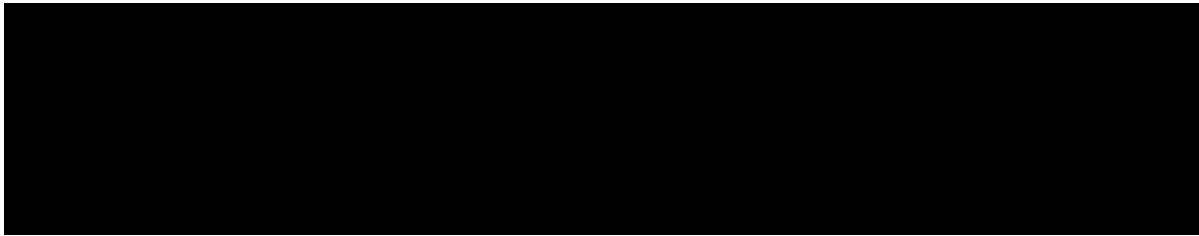
D. Post-Interview Supervisory Review and Case Disposition

At the conclusion of the interview with the participant, the supervisor and investigator(s) will meet to discuss what was uncovered and how to proceed. Among the documents BFI will review are:

- The completed, signed, and dated application for new benefits or recertification of recurring benefits.

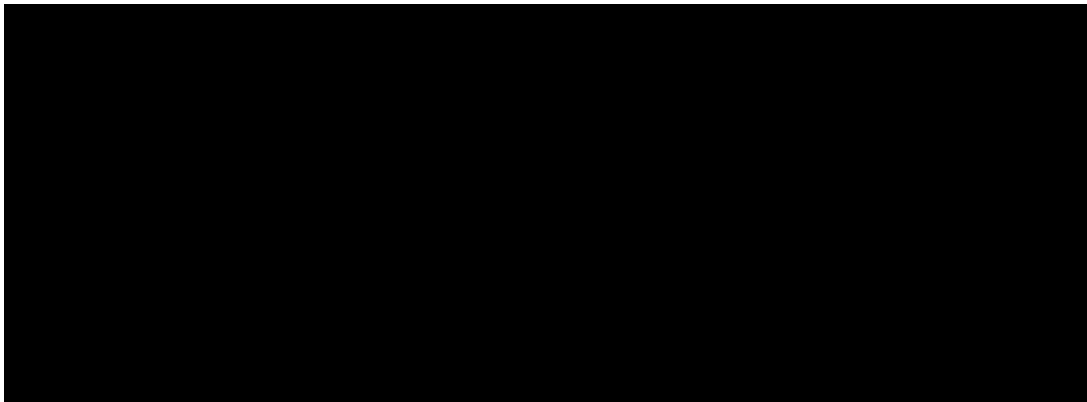
- Caseworker notes or history sheets retrieved from the HRA One Viewer or the Paperless Office System (POS).

The application is the first place the participant should have indicated a change of address or living situation that lead to, or necessitates, out-of-state usage of public assistance benefits. The application will also indicate if a circumstance exempting the participant or the household from the rules prohibiting out-of-state usage exists. An example of such an exemption would be an adult who is the “payee” for the case, that is, the person who may not be part of the budget calculations but in whose name the benefits are sent for underage or incapacitated person(s).



At any point in this process, information may be uncovered that can lead to other allegations. The investigator(s) should ask probing questions, be highly attentive to the answers, the manner in which they are given, and be prepared to follow-up with new investigations if warranted. In all cases where there is a possibility of a DA referral or IPV, the case should be discussed with the supervisor or manager and, if appropriate, with a member of the Prosecutions Unit.

The participant’s failure to disclose a change of address or living situation on their application and during their interview that would lead to out-of-state usage of public assistance benefits constitutes a crime. In order to maximize the resources, time, and effort each investigation and subsequent prosecution takes, it is imperative that BFI and the District Attorney’s office allot their manpower effectively in order to obtain the greatest return for their efforts.



In cases where the DA declines to prosecute BFI may choose alternate processing paths such as:

- An IPV referral leading to an Administrative Disqualification for the case
- A deferred recoupment
- Voluntary recovery (participant agrees to make restitution)
- Civil litigation

There are also instances when the fraud dollar amount under consideration may not meet the threshold [REDACTED], but the participant may have committed other offenses whose seriousness renders the case suitable for prosecution; the DA may choose to pursue those cases as well.

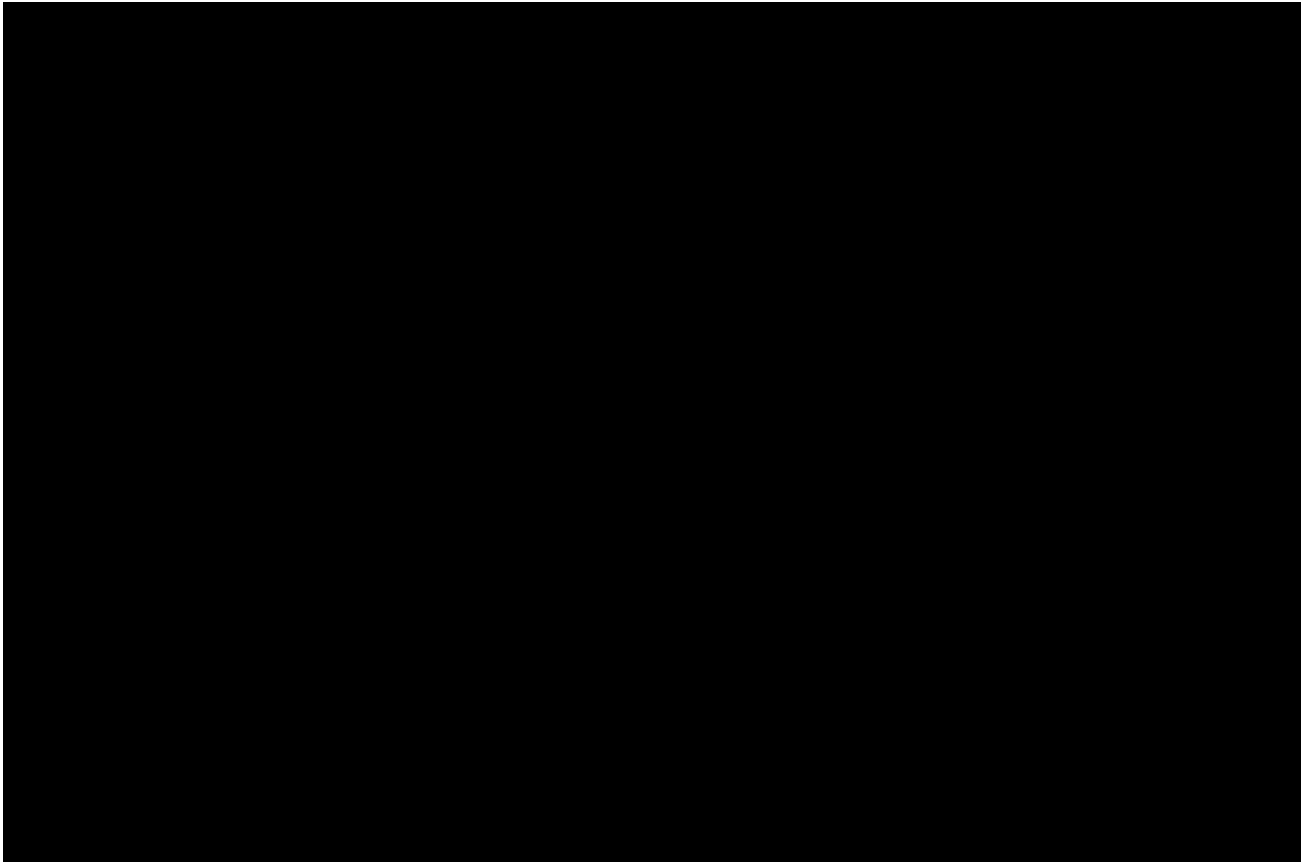
Entering a Final Disposition in IRIS

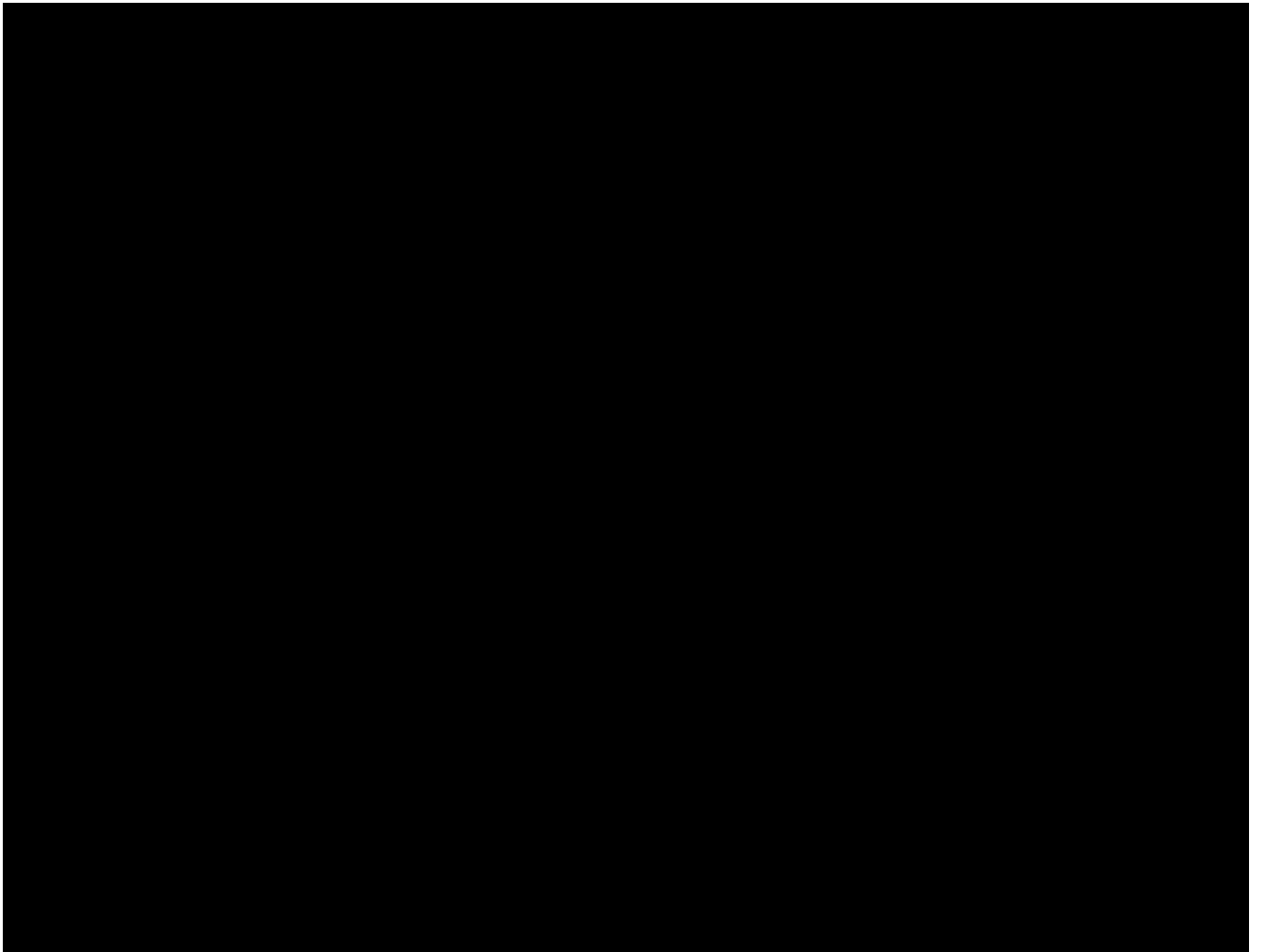
When BFI has the completed, signed application or recertification form (in person mail-in, or on-line) and case notes, the investigator should consider referring the case for criminal prosecution. A **Transmittal Request for Administrative Disqualification Hearing** (Attachment 3) or **BFI-206a Referral to the District Attorney** (Attachment 4) will be sent to the BFI Prosecutions Unit for processing.

Once the investigator finishes processing the case they must generate a **BFI-21B Report of Investigation** (Figure 8) in IRIS. The report will include the investigator's findings and the outcome of the case. The Report of Investigation is given to the supervisor for review. If the supervisor feels the report needs correction or adjustment, they will return it to the investigator for correction in IRIS.

After the investigator completes the correction or adjustment, the report is printed and returned to the supervisor for approval. After the Report of Investigation is approved, it is placed in the case folder and the disposition is entered into IRIS by choosing from the Disposition drop down menu (Figure 7).

The investigator signs off on the case in IRIS notifying the supervisor that the case is ready for review; the supervisor reviews the case and if there are no errors, signs off as well, finishing the case.





Attachment 2 – Postal Clearance Request

BFI-31 (E) 07/30/2012



INVESTIGATION REVENUE AND
ENFORCEMENT ADMINISTRATION
BUREAU OF FRAUD INVESTIGATION
250 CHURCH STREET, 3rd FLOOR, NY, NY 10013

To Postmaster:

Agency Case No. _____
Date _____

ADDRESS INFORMATION REQUEST

Please furnish the Bureau of Fraud Investigation Agency with the new address, if available, for the following individual or verify whether or not the address given below is the one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the box holder's application form:

Name: _____
Last Known Address _____

I certify that the address information for this individual is required for the performance of this Agency's official duties.

Director

FOR POST OFFICE USE ONLY

☐ MAIL IS DELIVERED TO ADDRESS GIVEN

NEW ADDRESS

☐ NOT KNOWN AT ADDRESS GIVEN

☐ MOVED, LEFT NO FORWARDING ADDRESS

☐ NO SUCH ADDRESS

☐ (OTHER SPECIFY) _____

BOX HOLDER'S STREET ADDRESS

Postmark/Date Stamp

Agency Return Address

Bureau of Fraud Investigation
250 Church Street, 3rd Floor
New York, NY 10013-3315

Attention Unit: _____

TO: NYS Office of Temporary and Disability Assistance ADH Unit, P.O. Box 1910 Albany, New York 12201-1910		TRANSMITTAL OF REQUEST FOR ADMINISTRATIVE DISQUALIFICATION HEARING		FROM: (Name of County / NYC Agency Originating Request) NYC HRA BFI	
CASE NAME (Last, First, Middle)				SEX <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	
ADDRESS (Street, Apt.#)		CITY		STATE	ZIP CODE 10469-_____
TELEPHONE NUMBER (Area Code)	DATE OF BIRTH MO. DAY YR.		SOCIAL SECURITY NUMBER	CASE NUMBER 0004413882E	
If recipient currently resides in County other than county originating request, please enter county of residence: New York					
If New York City case, enter ISC Number: _____ and check originating office: <input type="checkbox"/> Bureau of Fiscal Operations (BFO) <input type="checkbox"/> Office of Revenue and Investigation (ORI)					
If any other individual(s) is charged in this IPV, please provide name: _____ and Social Security Number: _____ (Note: Joint cases must be submitted with a separate transmittal and three copies of the packet per individual.)					
Is this case currently active? _____ If no, enter date of case closing: _____ and how address was verified (e.g., postal clearance, home visit, DMV records, etc): _____					
This Intentional Program Violation is based on the following action: Please place check mark in the applicable box(es):					
DUPLICATE BENEFITS	UNDECLARED INCOME	UNDECLARED RESOURCES	FALSE APPLICATION INFORMATION	UNREPORTED HOUSEHOLD COMPOSITION CHANGES	OTHER
<input type="checkbox"/> HR (180) <input type="checkbox"/> ADC (180) <input type="checkbox"/> FS (430)	<input type="checkbox"/> HR (181) <input type="checkbox"/> ADC (181) <input type="checkbox"/> FS (431)	<input type="checkbox"/> HR (182) <input type="checkbox"/> ADC (182) <input type="checkbox"/> FS (432)	<input type="checkbox"/> HR (183) <input type="checkbox"/> ADC (183) <input type="checkbox"/> FS (433)	<input type="checkbox"/> HR (184) <input type="checkbox"/> ADC (184) <input type="checkbox"/> FS (434)	<input type="checkbox"/> HR (185) <input type="checkbox"/> ADC (185) <input type="checkbox"/> FS (435)
Indicate the IPV amount for this case: FS:\$ _____ Period Over-issuance _____ to _____ PA:\$ _____ Period Over-issuance _____ to _____					
Previous number of FS-IPV's: _____ Previous number of PA-IPV's: _____ While receiving HR: _____ While receiving ADC: _____					
K Goddard _____ Name and Title of County / NYC Agency Referring Staff (Area Code) Telephone Number					
TO BE COMPLETED BY NYS/DSS					
CATEGORY	SUB-CAT	ACTION INAD	ISSUE #1	ISSUE #2	FAIR HEARING NO. DATE ENTERED

Attachment 4 – 206a Referral to the District Attorney

BFI-206a (E) 11/27/2013



INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION
BUREAU OF FRAUD INVESTIGATION
250 CHURCH STREET
NEW YORK, NY 10013

REFERRAL TO DISTRICT ATTORNEY

District Attorney's Office: Date: _____

Borough DA Liaison :

Listed below are cases of criminal actions which are being referred to your office for prosecution.
Should you require further information, please contact me at (212) 274-
or at e-mail address: .

			CHECK ONE SECTION BELOW		
NAME: LAST, FIRST		CASE#	ACCEPT	REJECT	CONDITIONAL REJECTION
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED BY: _____
(Please Print Name)

(Signature)

(Date)