



**OFFICE OF POLICY, PROCEDURES, AND TRAINING**


James K. Whelan, Executive Deputy Commissioner

**Stephen Fisher, Assistant Deputy Commissioner**  
Office of Procedures

**POLICY BULLETIN #18-50-SYS**

*(This Policy Bulletin Replaces PB #08-64-SYS)*

**BUREAU OF FRAUD INVESTIGATION (BFI) ALERTS**

<p><b>Date:</b> August 3, 2018</p>	<p><b>Subtopic(s):</b> BEV Appointments</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p><b>Revisions to the Original Policy Bulletin</b></p> <p>This policy bulletin has been revised to remove or update information as follows:</p> <ul style="list-style-type: none"> <li>• Removal of BFI (Bureau of Fraud Investigation) Alert Code <b>332</b> and the corresponding screen in the MAPPER BEV Appointment Scheduling System.</li> <li>• The phone number requesting a BEV (Bureau of Eligibility Verification) appointment through BEV Intake for BFI Fraud Alert Code <b>331</b> has been updated from (212) 274-5030 to <b>(718)-722-8001</b>.</li> <li>• The Referral to BFI Appointment Form (<b>W-151P</b>) has been replaced by the Notice of Referral for IREA Appointment (<b>IREA-144</b>) form.</li> <li>• The BFR Alert Report of Case Finding to Job Center (<b>BFI-148</b>) has been replaced by the [Select Program] ALERT Report of Case Finding to Job Center (<b>OPA-8</b>).</li> <li>• Removal of the Rejection Code <b>F35</b> (Fleeing Felon/Probation-Parole Violator).</li> <li>• The BFI Phone Bank/Liaison phone number has been updated from (212)-274-4916 to <b>(718)-722-8001</b>.</li> <li>• Discontinue emailing the appointment letter to <a href="mailto:lakem@hra.nyc.gov">lakem@hra.nyc.gov</a>.</li> <li>• A note was added that indicates no BFI action is required for participants.</li> </ul> <p><b>Purpose</b></p> <p>The purpose of this policy bulletin is to provide staff in the Job Centers with information regarding a BFI process and is informational for all others.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

To ensure that individuals whose Cash Assistance (CA) cases were closed due to a BFI issue are appropriately referred to BFI upon re-application, an alert has been programmed in the MAPPER BEV Appointment Scheduling System. The alert will be placed on the case upon closing.

Upon re-application, when an appointment is being scheduled in the Mapper BEV Appointment Scheduling System, the current process is to:

- make a request for an appointment on the EVR/FEDS Appointment Scheduling/Inquiry Menu;
- enter all appointment information on the EVR/FEDS Initial Appointment or the EVR/FEDS Homebound Client Referral Screen.

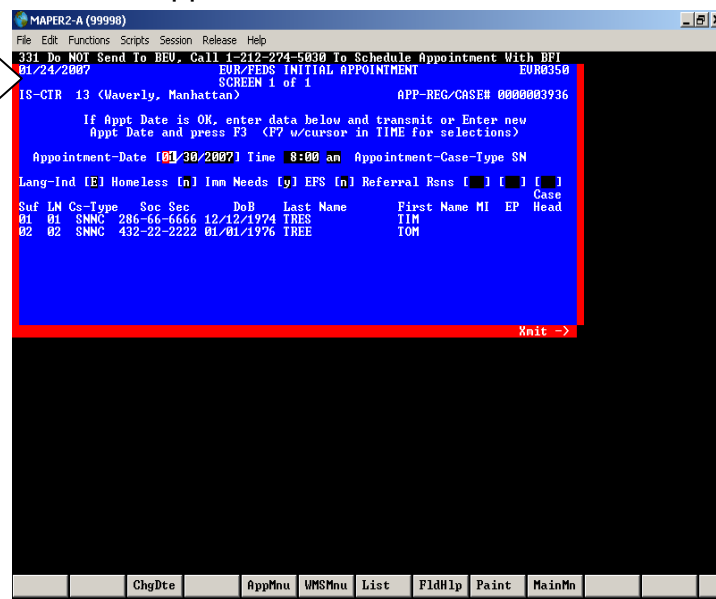
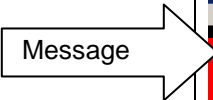
An edit in the scheduling system will automatically check the BFI Alert Table for all Social Security numbers (SSN) on the application when the BEV appointment is requested. If an SSN is found, a message will be displayed stating:

Revised

- **“331 Do NOT Send To BEV, Call (718)-722-8001 to Schedule Appointment With BFI.”**

Revised

When the message **“331 Do NOT Send to BEV, Call (718)-722-8001 To Schedule Appointment With BFI”** is received, the Job Opportunity Specialist (JOS)/Worker may issue an Immediate Needs and/or Expedited SNAP (Supplemental Nutrition Assistance Program) benefits, if warranted, and must call BFI Intake **(718)-722-8001** to make the appointment.



The appointments will be scheduled as follows:

- If the JOS/Worker calls before 3:00 PM, an appointment will be made for the applicant the same day.
- If the JOS/Worker calls at or after 3:00 PM, an appointment will be scheduled for the following business day.

Revised

**Note:** If the person(s) with the **331** BFI Fraud Alert Code is a minor (17 years of age or younger), the Case Head must accompany them to the appointment.

Revised

To refer the applicant to BFI, the **IREA-144** has been created. When the BFI appointment has been scheduled, the BFI Phone Bank will inform the JOS/Worker which BFI office the applicant should go to. The JOS/Worker will check the BFI office on the **IREA-144**.

The JOS/Worker must enter all the appropriate information on the Form **IREA-144** and:

Revised

- have the applicant sign it;
- photocopy the signed Form **IREA-144** and scan and index it into the HRA OneViewer;
- give the applicant the original copy;
- enter case notes in the applicant's folder stating that the applicant was referred to BFI (include the date and time of the appointment);
- instruct the applicant to call BFI at **(718) 722-8001** if they cannot keep the appointment for any reason.

Revised

When the applicant completes the BFI interview, the BFI Liaison will remove the Alert and schedule a BEV appointment for the applicant.

New

If the applicant complies with BFI, Form **OPA-9** is completed by BFI and emailed to the Center Director for closed cases and/or active cases with a pending close in WMS (Welfare Management System). The **OPA-9** must be scanned and indexed into the HRA OneViewer.

If the applicant does not report for the BFI appointment, or fails to complete the interview, an **OPA-8** should be e-mailed to the Center Director with a recommendation. The JOS/Worker must:

- scan and index the **OPA-8** into the HRA OneViewer folder "Correspondence/Notices";
- enter one of the following CA rejection codes based on the recommendation:

**BFI – CA Rejection Codes for the Alerts Process**

Revised

Type	Code	Reason
AFIS	<b>M99</b>	Receipt of Concurrent Assistance – AFIS Match – Without Aid to Continue (HH=1)
Marriage/Match	<b>M40</b>	Intentionally Providing Incorrect Information (Requires a separate MA/FS determination)

Type	Code	Reason
Failure to Keep Appointment	<b>W10</b>	Fail to Keep Investigatory Appointment (Requires a separate MA/FS determination)
Misrepresentation of Household	<b>M79</b>	Fail to Report Absence of Child (HH=1) (Requires a separate MA/FS determination)
Prison Identity	<b>F63</b> <b>E95</b>	In Prison (HH=1) Died (HH=1) (Requires a separate MA determination)
Identity	<b>F17</b>	Failed to Validate Incorrect SSN (HH=1)
Identity	<b>F20</b>	Failed to Provide SSN (HH=1)

Any inquires the JOS/Worker has for BFI should be made to the BFI Phone Bank/Liaison at **(718) 722-8001**.

If seven calendar days pass without any information from the Investigation, Revenue and Enforcement Administration (IREA), the JOS/Worker must check the BEV Appointment Scheduling System to learn the status of the BEV appointment.

New

**Note:** No action is required by BFI on participants with a Closed/Active case status in WMS. No BFI Appointment Notice is provided to participants with a Closed or Active case status in WMS.

*Effective Immediately*

Revised

**Attachments:**

Please use Print on Demand to obtain copies of forms.

<b>IREA-144</b>	Notice of Referral for IREA Appointment
<b>OPA-8</b>	[Select Program] ALERT Report of Case Finding to Job Center
<b>OPA-9</b>	Removal of Sanction



**Department of  
Social Services**

Human Resources Administration  
Department of Homeless Services

Office of  
Program Accountability

**INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION**

Date:

Case Number/App Reg:

Case Name:

Job Center:

**Notice of Referral for IREA Appointment**



\_\_\_\_\_,  
Applicant Name

\_\_\_\_\_  
Subject Name is the subject of a pending investigation and

must appear at the Investigation Revenue and Enforcement Administration. If the subject of the investigation is 18 years of age or younger, you must accompany him/her to the interview.

SAMPLE

**The appointment is on:**

	Date: _____		Time: _____
---	-------------	---	-------------

**at the address checked below:**

**250 Church Street, 3rd Floor New York, NY**

**151 West Broadway, 7th Floor New York, NY**

Please bring this letter and proof of identity for all persons named in this letter to the appointment.

If you cannot keep this appointment, call **(718) 722-8001**.

**This is a mandatory eligibility appointment. Failure to keep this appointment or cooperate may result in the rejection of your application for cash assistance.**

I understand that if the subject of the investigation fails to report for the interview, the application will be denied.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**If the subject of the investigation is not the applicant and is over 18, he/she must sign below:**

I understand that I am the subject of an investigation and agree to appear for the interview.

\_\_\_\_\_  
Subject's Signature

\_\_\_\_\_  
Date

**Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? We can help you. Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.**

SAMPLE

**TRAVEL INSTRUCTIONS**

<b>By</b>	No.1 to Franklin Street; or A, C, E to Chambers Street;
<b>Train:</b>	<b>250 Church Street</b> , is located between Leonard and Franklin Streets, in Manhattan.
	No. 1,2,3 to Chambers Street; (at West Broadway)
	<b>151 West Broadway</b> , is located between Worth and Thomas Streets, in Manhattan



**Department of Social Services**  
Human Resources Administration  
Department of Homeless Services

Office of Program  
Accountability

**INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION**

**[Select Program]**

250 Church Street, 3rd Floor

New York, NY 10013

**[Select Program] ALERT  
Report of Case Finding to Job Center**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_, \_\_\_\_\_  
Center Liaison (Last) (First) Job Center

**From:** \_\_\_\_\_, \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Investigator (Last) (First) Telephone Number

**Re:** Case Name: \_\_\_\_\_ Case/App-Reg. No: \_\_\_\_\_

Household Member: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

**Please indicate appropriate case action:**

- Applicant/Household Member failed to keep the [Select] appointment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Time
- Applicant/Household Member failed to provide documents needed to resolve issue(s).
- Applicant/Household Member failed to complete and/or cooperate at the interview.

**Comments:**

---



---



---



---



**Department of  
Social Services**

Human Resources Administration  
Department of Homeless Services

Office of Program  
Accountability

**INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION**

[Select Program]

250 Church Street, 3rd Floor

New York, NY 10013

**DATE:** \_\_\_\_\_

**TO:** Director JC# - \_\_\_\_\_

**FROM:** Investigator: \_\_\_\_\_

**SUBJECT:** REMOVAL OF SANCTION

**RE:** \_\_\_\_\_

**CASE:** \_\_\_\_\_

SAMPLE

.....  
Please remove the sanction requested on the above mentioned case as:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, please contact me at (929) 252- .