



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY DIRECTIVE #22-04-OPE

(This Policy Directive Replaces PD #17-16-OPE)

FRAUD REFERRALS TO THE BUREAU OF FRAUD INVESTIGATION

Date: September 16, 2022	Subtopic(s): Bureau of Fraud Investigation
AUDIENCE	<p>The instructions in this policy directive are for Benefits Access Center (BAC), HIV/AIDS Services Administration (HASA) Center, Non-Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center, and all Family Independence Administration (FIA) staff.</p>
REVISIONS TO PRIOR POLICY	<ul style="list-style-type: none"> • Job Centers have been renamed “Benefits Access Centers”. • Images have been updated to reflect new intranet pages. • Bureau of Fraud Investigation (BFI) Intake & Tracking Control Division telephone number has been updated. • Limited English Proficiency (LEP) and Deaf/Hard of Hearing Implications section has been updated to reflect the most recent procedures. • Related Items section has been updated to reflect the most recent procedures. <p>Attachments section has been updated to reflect latest version of the Referral to Bureau of Fraud Investigation (BFI-105) form.</p>
POLICY	<p>Social service agencies must 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 applicants, participants, staff, and other persons.</p> <p>Workers in Benefits Access Centers, NCA SNAP Centers, FIA support areas, HASA Centers, and all central office staff are required to report all suspected fraudulent activity on the part of any CA or SNAP applicant/participant to BFI.</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

REQUIRED ACTION

Whenever Workers believe that CA or SNAP applicants/participants have misrepresented or concealed their income, resources, or household composition to obtain benefits they would not have otherwise been eligible for, the Worker must:

- Obtain copies of all questionable documents or information;
- Scan all non-Paperless Office System (POS) generated forms and notices that are signed by the individual and documents received from other program areas (except domestic violence related documents) into the electronic case record;
- Make an entry in the applicant/participant case record.

The Worker must **not**:

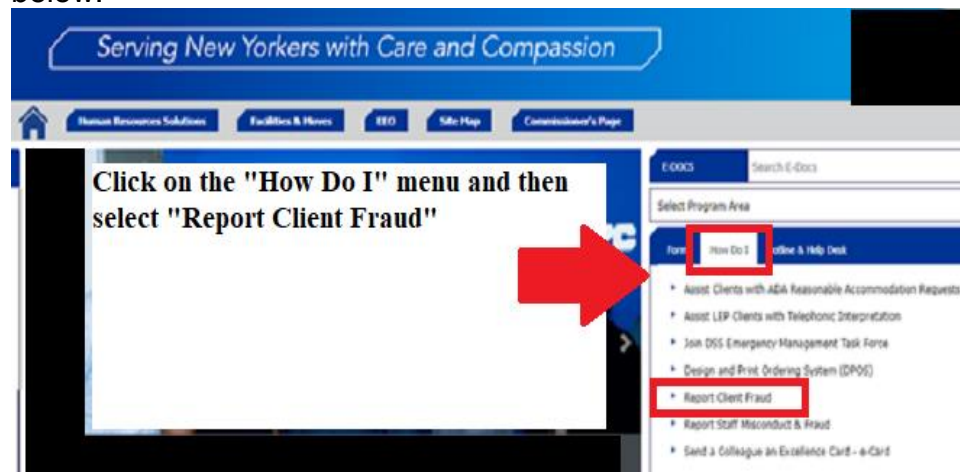
- Inform the applicant/participant that suspected fraudulent activity may be referred to BFI; nor
- Refer recoupments resulting from an untimely report of new income, a change of income, or changes in household.

In addition to staff at the Benefits Access Centers and NCA SNAP Centers, there are various support programs in FIA whose staff also make referrals to BFI, including out-stationed Career Services staff.

Automated Referral to BFI

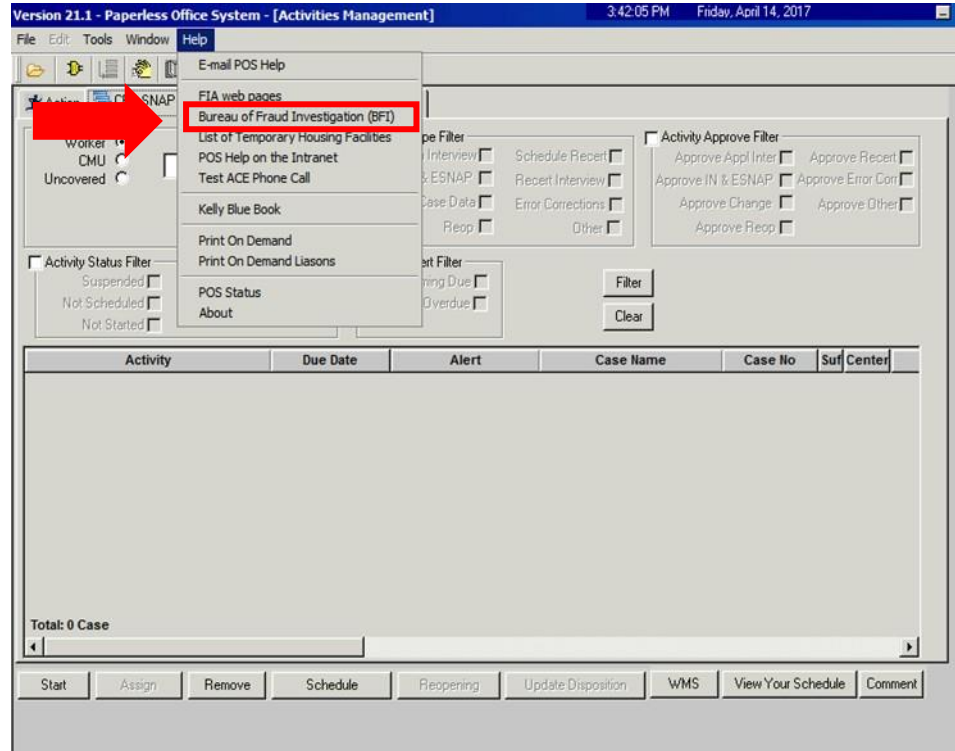
Using the Automated Referral to BFI on the DSS Intranet

To make a fraud referral to BFI, the Worker must access the DSS Intranet homepage, and under the "How Do I" section on the right side of the page, select "Report Client Fraud", as shown in the image below.



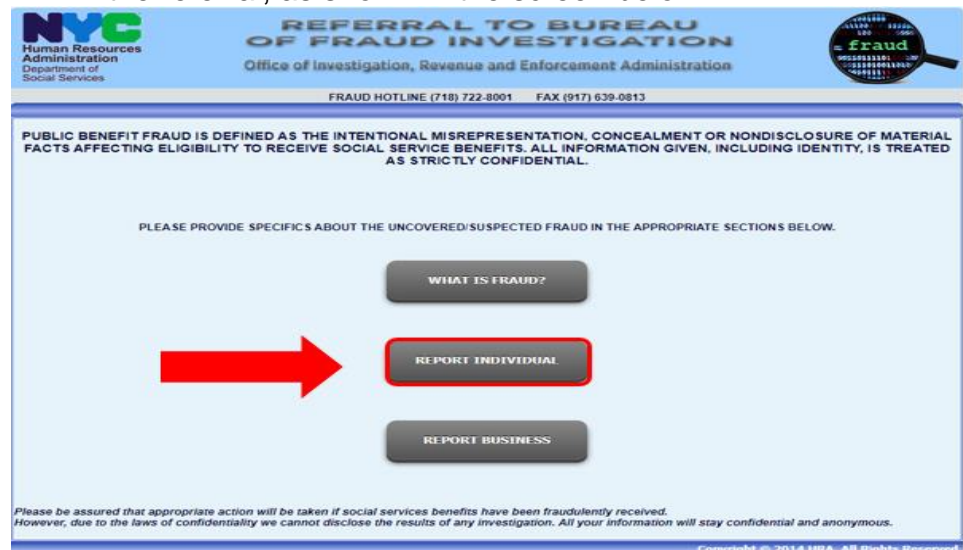
Using the Automated Referral to BFI from POS

In POS, the Worker may use the Bureau of Fraud Investigation option in the **Help** menu to bring up the automated referral in an internet browser.



Whether accessing the automated referral from the DSS Intranet or from POS, the form screen will open.

- The Worker will select the “Report Individual” button to begin the referral, as shown in the screen below.



- The Worker must now enter their contact information, as shown below.

NYC Human Resources Administration Department of Social Services

REFERRAL TO BUREAU OF FRAUD INVESTIGATION
Office of Investigation, Revenue and Enforcement Administration

FRAUD HOTLINE (718) 722-8001 FAX (917) 639-0813

PLEASE PROVIDE YOUR CONTACT INFORMATION

Submission Date :

User ID :

Last Name :

First Name :

Work Phone : * Ext. Format: 123-456-7890

Center Number :

*Fields marked with * sign(s) are required.*

Note: Please remember to scan all supporting documentation

BACK SAVE & CONTINUE RESET

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- On the next screen, the Worker must enter the name, address, marital status, case number, social security number (SSN) if the applicant/participant has one, telephone number, and how the applicant/participant is known to the Worker, as shown below.

Referral to Bureau of Fraud Investigation

NYC Human Resources Administration Office of Investigations, Revenue and Enforcement Administration

REFERRAL TO BUREAU OF FRAUD INVESTIGATION

FRAUD HOTLINE (718) 722-8001 FAX # (212) 274-5612 250 Church Street, 3rd Floor New York, NY 10013

PROD

INFORMATION ON THE INDIVIDUAL YOU ARE REPORTING
PLEASE COMPLETE TO OBTAIN A CONFIRMATION NUMBER.

Last Name : *

First Name : *

Date Of Birth : Age :

Address :

City :

State : Zip Code :

Marital Status :

Case Number :

SSN : Format: XXX-XX-XXXX

Phone Number : Ext. Format: 123-456-7890

How do you know this person?
 (max 100 characters)

*Fields marked with * sign(s) are required*

- Once the applicant/participant's information has been typed in, the Worker must now check the box(es) for type of allegation(s) being reported, then hit "Save & Continue", as shown below.

Allegations

Please select one or more allegations to report Check All

<input type="checkbox"/> Employment	<input type="checkbox"/> Unreported Resources	<input type="checkbox"/> Child Care Provider
<input type="checkbox"/> Misrepresentation of Household Members	<input type="checkbox"/> Questionable Documentation	<input type="checkbox"/> Electronic Benefit Transfer (EBT)
<input type="checkbox"/> Not Residing at Address of Record	<input type="checkbox"/> Prescription Drug Fraud	<input type="checkbox"/> Other

Note: If you uncheck or modify any allegation(s), previously entered records/data will be deleted.

*** Please Note: All information provided will be kept and remain confidential ***

- Once the information has been saved, the Worker must enter specific information regarding the referral, by clicking on the "Enter" button next to the allegation type that was selected in the prior screen, as in the example shown below.

NYC Human Resources Administration Office of Investigations, Revenue and Enforcement Administration

REFERRAL TO BUREAU OF FRAUD INVESTIGATION

FRAUD HOTLINE (718) 722-8001 FAX # (212) 274-5612 250 Church Street, 3rd Floor New York, NY 10013

PROD

INDIVIDUAL BEING REPORTED			
Last Name :	Mary	SSN :	N/A
First Name :	Chen	Case Number :	N/A
DOB :	N/A	Marital Status :	N/A
How do you know this person? :	N/A		
Address :	N/A		
City/State/Zip :	NY		
Phone :	N/A		

ALLEGATION

Employment ENTER

BACK Complete Complaint

*** Please Note: All information provided will be kept and remain confidential ***

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- Once the next screen pops up, the Worker must enter specific additional information in the “Details” box, supporting the referral. The worker should enter as much information as possible in this box. After entering details about the referral, the worker should click the “Save & Continue” button, as shown below.

NYC Human Resources Administration Office of Investigations, Revenue and Enforcement Administration

REFERRAL TO BUREAU OF FRAUD INVESTIGATION

FRAUD HOTLINE (718) 722-8001 FAX # (212) 274-5612 250 Church Street, 3rd Floor New York, NY 10013

PROD

INDIVIDUAL BEING REPORTED

Last Name :	Phone	SSN :	N/A	Address :	N/A
First Name :	Black	Case Number :	N/A	City/State/Zip :	NY
DOB :	N/A	Marital Status :	N/A	Phone :	N/A
How do you know this person? :	N/A				

Allegation List:

Other

Please indicate in detail any additional ALLEGATION not included on previous pages.

Details : *

Fields marked with * sign(s) are required

BACK SAVE & CONTINUE RESET

*** Please Note: All information provided will be kept and remain confidential ***

- After completing the referral, the Worker must choose one of the options listed at the bottom of the following screen, by selecting the appropriate button.
 - “Back” allows the Worker to return to the beginning of the referral;
 - “Modify” allows the Worker to add or remove referral information; and
 - “Complete Complaint” submits the referral.

NYC Human Resources Administration Office of Investigations, Revenue and Enforcement Administration

REFERRAL TO BUREAU OF FRAUD INVESTIGATION

FRAUD HOTLINE (718) 722-8001 FAX # (212) 274-5612 250 Church Street, 3rd Floor New York, NY 10013

PROD

INDIVIDUAL BEING REPORTED

Last Name :	gfhhsfg	SSN :	N/A	Address :	N/A
First Name :	hdhfdhdh	Case Number :	N/A	City/State/Zip :	NY
DOB :	N/A	Marital Status :	N/A	Phone :	N/A
How do you know this person? :	N/A				


ALLEGATION

Other

BACK Complete Complaint

*** Please Note: All information provided will be kept and remain confidential ***

Once the referral to BFI has been submitted, an entry in the applicant's/participant's case record indicating that the referral was made and the reason for the referral must be done.

Entries to the electronic case record made through POS are done by clicking on the case comments icon  or typing <ALT>M on the keyboard.

If the automated referral system is unavailable for more than 24 hours or workers do not have access to POS or the DSS Intranet, they should complete the paper-copy of the Referral to Bureau of Fraud Investigation (BFI-105) and forward it to the Investigation, Revenue and Enforcement Administration, Bureau of Fraud Investigation, Intake Tracking and Control Unit, 375 Pearl Street, 23rd Floor, 10038.

If there are scanned documents relevant to the fraud referral in the electronic case record, fax them to the BFI Intake & Tracking Control Division at (917) 639-0813. Include the case name, case number, Center name and number, Worker telephone number, and a list of documents that are being faxed.

Note: If fraud is established as a result of this referral, refer to PD #13-26-ELI Intentional Program Violations for processing applications/recertifications with an IPV established.

**PROGRAM
IMPLICATIONS**

Paperless Office
System (POS)
Implications
Supplemental Nutrition
Assistance Program
Implications

The referral to the Bureau of Fraud Investigation can be accessed through POS.

SNAP cases must not be referred to BFI when a participant fails to report information or changes, they are not required to report under SNAP program rules. For example, an employed SNAP participant subject to SNAP six-month reporting rules has an increase in earned income. Unless the total household income exceeds 130 percent of the Federal Poverty Level for their household size, the participant is not required to report the increased earnings until the next recertification or at the six-month contact.

Medicaid Implications Limited English Proficient (LEP) and Deaf/Hard-of-Hearing Implications

There are no Medicaid implications.

For Limited English Proficient (LEP) and Deaf/Hard-of-Hearing applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #18-10-OPE](#) and [PD #17-19-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

Applicants and Participants whose cases are denied/closed for excess resources are entitled to request a Fair Hearing.

Remember to give the individual an opportunity for a conference and/or resolution on this issue. Please evaluate each case according to the resource changes listed in this directive.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS I/Supervisor I at any time. An applicant/participant coming into a Benefits Access Center requesting a conference, will be routed through the self-service kiosk to FH&C. Applicants/participants may also request a conference by phone.

Whether the conference is in-person or over the phone, the FH&C AJOS I/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker’s Supervisor. The AJOS I/Supervisor I will explain the reason for the Agency’s action(s) to the applicant/participant.

If the determination is that the applicant/participant has presented good cause for the infraction or shown that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS I/Supervisor I will Settle in Conference (SIC), enter detailed case notes in the New York City Work, Accountability and You (NYCWAY) system and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken. In addition, if the adverse case action still shows on the “Pending” (08) screen in If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency’ actions should stand, then the AJOS I/Supervisor I will explain to the applicant/participant why the case cannot be settled. The AJOS I/Supervisor I must complete form **M-186a**.

WMS, the AJOS I/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form – WMS (**LDSS-3573**), change the **02** to **01** if the case has been granted Aid to Continue (ATC), or prepare and submit a CA Recoupment Data Entry Form – WMS (**LDSS-3573**) to delete a recoupment. The AJOS I/Supervisor I must complete a Conference Report (**M-186a**).

Should the applicant/participant elect to continue an appeal by requesting a Fair Hearing or proceeding to a Fair Hearing already requested, the FH&C AJOS I/Supervisor I must ensure that further appeal is properly controlled and that the appropriate follow-up action is taken in all phases of the Fair Hearing process.


Evidence Packets All complete and relevant Evidence Packets must include verification of the applicant’s/participant’s resources. This includes a copy of the relevant bank statement, bankbook, insurance policy, property deed, or vehicle registration, the decision made by the Resource Consultant, and the appropriate WMS printouts.

REFERENCES 18 NYCRR §348.1 through §348.6 Social Services Law 145

RELATED ITEMS

PB #2017-05	What is Compliance?
PB #15-02-OPE	Transfer of Ownership of the Referral for BFI Appointment
PB #18-50-SYS	Bureau of Fraud Investigation (BFI) Alerts
PD #13-26-ELI	Intentional Program Violations

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

BFI-105 Referral to Bureau of Fraud Investigation (Rev. 04/12/2021)



Department of Social Services
 Human Resources Administration
 Department of Homeless Services

Department of Social Services
 Accountability Office

REFERRAL TO BUREAU OF FRAUD INVESTIGATION

Fraud Hotline (718) 722-8001 Fax # (917) 639-0813

WELFARE FRAUD IS DEFINED AS THE INTENTIONAL MISREPRESENTATION, CONCEALMENT OR NONDISCLOSURE OF MATERIAL FACTS AFFECTING ELIGIBILITY TO RECEIVE SOCIAL SERVICE BENEFITS. ALL INFORMATION GIVEN, INCLUDING IDENTITY, IS TREATED AS STRICTLY CONFIDENTIAL.

To: INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION, BUREAU OF FRAUD INVESTIGATION
INTAKE UNIT, 375 PEARL STREET, 23rd Floor, NEW YORK, NY 10038

From: _____, _____, _____ Date _____
 Last name First name Title (if applicable)
 Address: _____ (If HRA, Ctr. #): _____ Phone: _____

PLEASE PROVIDE SPECIFICS ABOUT THE UNCOVERED/SUSPECTED FRAUD IN THE APPROPRIATE SECTION(S) BELOW AND ATTACH COPIES OF ALL RELEVANT DOCUMENTS. PLEASE PRINT ALL INFORMATION

Participant's Name (Last) _____ (First) _____

Participant's Date of Birth ___/___/___ Category, Case Number/Suffix ___/___/___

Participant's Address _____

UNREPORTED EMPLOYMENT Type: On Books Off Books Self-Employed
 Employer Name and Address _____

Employment Period: _____ to _____ Work performed: _____ Income Amount \$ _____

UNREPORTED PERSON IN HOUSEHOLD
 Last Name: _____ First: _____ Relationship to Participant _____

Employer's Name _____ Income Amount \$ _____

Employer's Address _____

UNREPORTED RESOURCES
 Bank _____
 Name of Financial Institution Address
 _____ \$ _____
 Account Number Amount

Real Property _____ Address _____ Number of Tenants _____

Vehicle _____ Vehicle _____
 Make Year Plate Number Make Year Plate Number

NOT LIVING AT ADDRESS OF RECORD Give actual home address if known: _____

QUESTIONABLE DOCUMENT(S) Give type of document and reason it is questionable: _____

PRESCRIPTION DRUG FRAUD (OBTAINING DRUGS WITH FALSE PRESCRIPTIONS)
 Details: _____

CHILD CARE PROVIDER NOT PROVIDING SERVICE
 Name of parent: _____ Address: _____
 Name of child care provider: _____ Address: _____

ELECTRONIC BENEFITS TRANSFER (DISCOUNTING FOOD STAMP BENEFITS WITH THE EBT CARD):
 Details: _____

OTHER (Including Fraud perpetrated against Participant, describe how Fraud was uncovered and indicate any actions taken):
 Details: _____

Please ensure to scan the completed Cash Assistance, Non-Cash Assistance, and/or Medicaid Application/Recertification forms long with all supporting documentation into the HRA One Viewer.