



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

POLICY DIRECTIVE #17-16-OPE

(This Policy Directive Replaces PD #12-12-OPE)

FRAUD REFERRALS TO BFI

Date: July 27, 2017	Subtopic(s): BFI
AUDIENCE	The instructions in this policy directive are for Job Center, Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center, and all other Family Independence Administration (FIA) staff and are informational for all others.
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 services 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 Job Centers, NCA SNAP Centers, FIA support areas, and central office staff are required to report all suspected fraudulent activity on the part of any CA or SNAP applicant/participant to BFI.</p>
REQUIRED ACTION	<p>Whenever a Worker in a Job Center or an NCA SNAP Center believes that a CA or NCA SNAP applicant/participant has misrepresented or concealed their income, resources, or household composition to obtain benefits they would not have otherwise been eligible for, he/she must:</p> <ul style="list-style-type: none"> • 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.

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

The Worker must **not**:

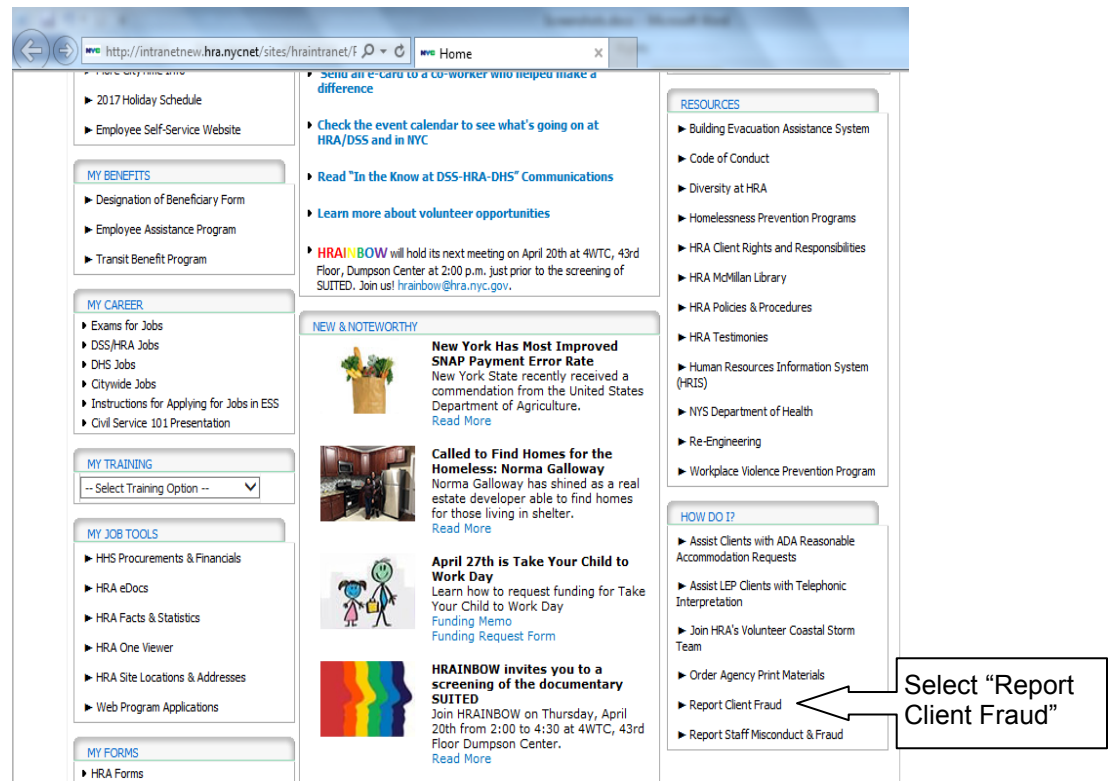
- Inform the applicant/participant that suspected fraudulent activity may be referred to BFI;
- Refer recoupments resulting from an untimely report of new income, a change in income, or changes in household composition to BFI.

In addition to staff at Job 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.

Using the Automated Referral to BFI on the HRA Intranet

Automated referral to BFI

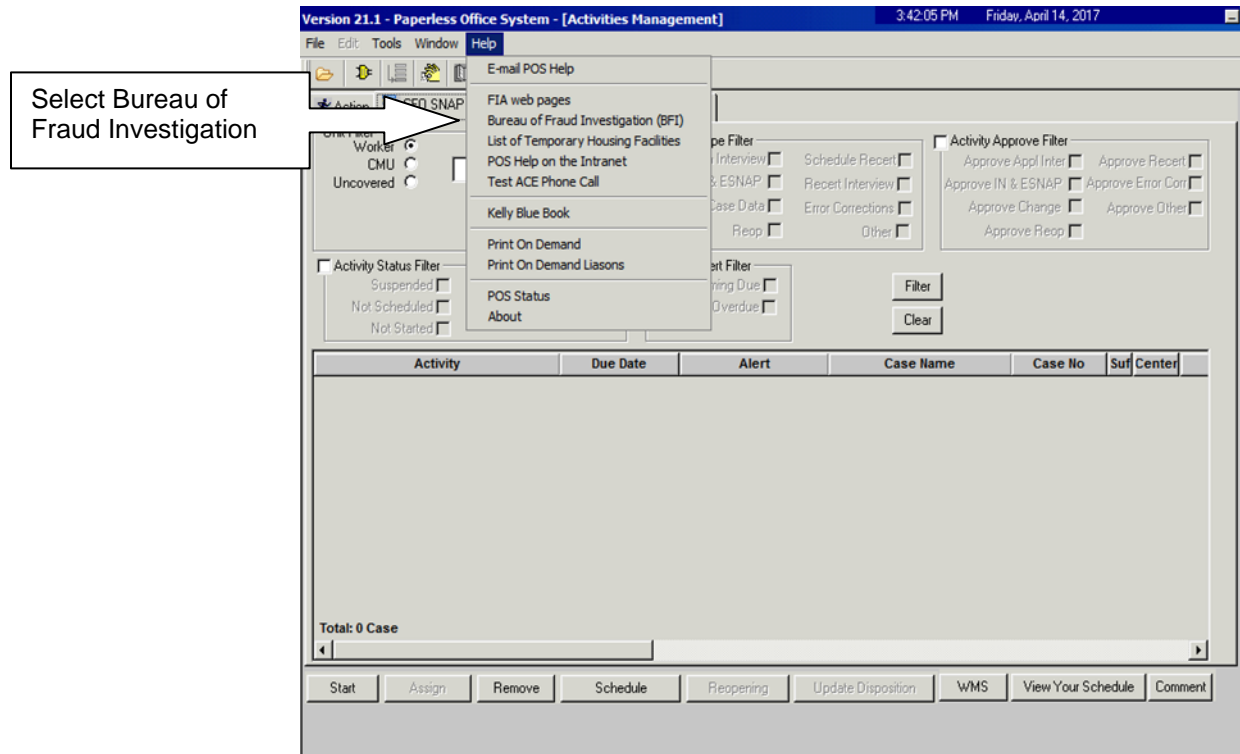
To make a fraud referral to BFI, the Worker must access the HRA Intranet home page and select Report client fraud.



Select "Report Client Fraud"

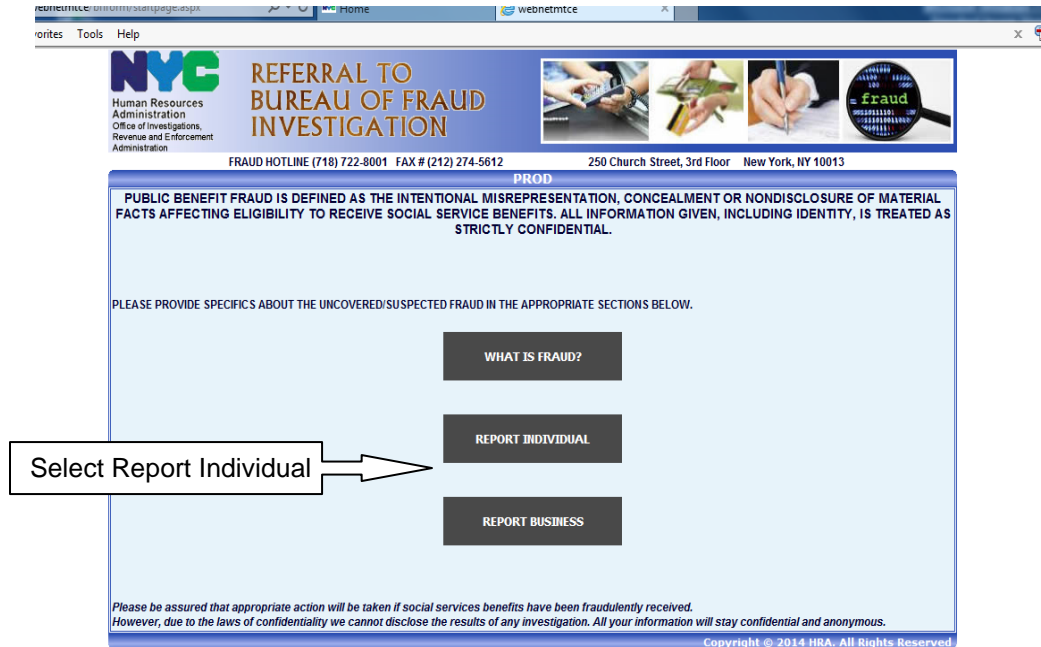
Using the Automated Referral to BFI from POS

In POS, the Worker may use the Bureau of Fraud Investigation option on the **Help** menu to bring up the automated referral in an Internet Explorer window.



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

- Select the “Report Individual” button in the below screen to begin the referral.



- Next, staff will enter their contact information.



- 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.

Referral to Bureau of Fraud Investigation

- In the next section select the allegation(s) to report.

Allegation(s) being reported

- Then click the “Save & Continue” button to move to the next page.
- Next, the staff will enter specific information regarding the referral by selecting the “Enter” button next to the allegation type which was selected in the prior screen.

Form/AllegationMenu.aspx - Internet Explorer
 netmce/BFIForm/AllegationMenu.aspx

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	Address :	N/A
First Name :	Chen	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

Employment

*** Please Note: All information provided will be kept and remain confidential ***
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- On the below screen the staff will enter specific additional information in the “Details” box supporting the referral. Staff should enter as much information as possible in this box.

Help

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

OTHER FRAUD

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

Fields marked with * sign(s) are required

*** Please Note: All information provided will be kept and remain confidential ***
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- After entering the details about the referral the staff should select the “Save and Continue” button.
- After electronically completing the referral, the Worker must choose one of the options listed at the bottom of the screen by selecting the appropriate button:

The screenshot shows a web browser window displaying the 'AllegationMenu.aspx' page. The header includes the NYC logo and 'REFERRAL TO BUREAU OF FRAUD INVESTIGATION'. Below the header is a table for 'INDIVIDUAL BEING REPORTED' with fields for Last Name, First Name, DOB, SSN, Case Number, Marital Status, Address, City/State/Zip, and Phone. Below this is the 'ALLEGATION' section with a radio button for 'Other' and a 'MODIFY' button. At the bottom are 'BACK' and 'Complete Complaint' buttons. Three callout boxes provide instructions: one pointing to the 'BACK' button, one pointing to the 'MODIFY' button, and one pointing to the 'Complete Complaint' button.

INDIVIDUAL BEING REPORTED			
Last Name :	gfhhsgr	SSN :	N/A
First Name :	hdhfdhdf	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


Other MODIFY

BACK Complete Complaint

Please Note: All information provided by user and remain confidential ***

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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 staff do not have access to POS or the intranet, staff 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, 3rd floor 250 Church Street, New York, NY 10013.

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 **(212) 625-2915**. 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/re-certifications with an IPV established.

**PROGRAM
IMPLICATIONS**

Paperless Office System (POS) Implications

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

Supplemental Nutrition Assistance Program Implications

SNAP cases must not be referred to BFI when a participant fails to report information or changes he/she is 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

There are no Medicaid implications.

LIMITED ENGLISH PROFICIENCY (LEP) AND DEAF/HARD-OF-HEARING IMPLICATIONS

For Limited English Proficient (LEP) and Deaf/Hard-of-Hearing applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #16-14-OPE](#) and [PD #16-16-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) AJOSI/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C and does not need to verbally alert the FH&C Unit staff.

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 show 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 show on the "Pending" (08) screen in 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).

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 he/she cannot settle the case. The AJOS I/Supervisor I must complete form M-186a.

Should the applicant/participant elect to continue his/her appeal by requesting a Fair Hearing or proceeding to a Fair Hearing already requested, the FH&C AJOS I/Supervisor I is responsible for ensuring 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

DSS PB #2017-05	What is Compliance?
PB #15-02-OPE	Transfer of Ownership of the Referral for BFI Appointment
PB #08-64-SYS	Bureau of Fraud Investigation (BFI) Alerts
PD #13-26-ELI	Intentional Program Violations

ATTACHMENT

 Please use Print on Demand to obtain copies of forms.

BFI-105

Referral to Bureau of Fraud Investigation
(Rev. 07/21/2014)

REFERRAL TO BUREAU OF FRAUD INVESTIGATION
Fraud Hotline (718) 722-8001 Fax # (212) 274-5612

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, 250 CHURCH STREET, 3rd FLOOR, NEW YORK, NY 10013

From: _____
Last name First name Title (if applicable) Date
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 _____
Make Year Plate Number Vehicle _____
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 along with all supporting documentation into the HRA One Viewer.