OFFICE OF POLICY, PROCEDURES, AND TRAINING



James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner

Office of Procedures

# **POLICY DIRECTIVE #17-16-OPE**

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

### FRAUD REFERRALS TO BFI

<b>Date:</b> 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	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.
	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.
REQUIRED ACTION	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:
	<ul> <li>Obtain copies of all questionable documents or information;</li> <li>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;</li> <li>Make an entry in the applicant/participant case record.</li> </ul>

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.

http://intranetnew.hra.nycnet/sites			
<ul> <li>From any fille arrow</li> </ul>	<ul> <li>Senu an e-caru u difference</li> </ul>	о а со-worker who neipeu make a	
<ul> <li>2017 Holiday Schedule</li> </ul>	unterence		RESOURCES
► Employee Self-Service Website	<ul> <li>Check the event HRA/DSS and in M</li> </ul>	calendar to see what's going on at	► Building Evacuation Assistance System
			► Code of Conduct
MY BENEFITS	Read "In the Know	w at DSS-HRA-DHS" Communications	Diversity at HRA
<ul> <li>Designation of Beneficiary Form</li> </ul>			P Diversity at fires
Employee Assistance Program	Learn more about	t volunteer opportunities	<ul> <li>Homelessness Prevention Programs</li> </ul>
		old its next meeting on April 20th at 4WTC, 43rd	<ul> <li>HRA Client Rights and Responsibilities</li> </ul>
<ul> <li>Transit Benefit Program</li> </ul>		ter at 2:00 p.m. just prior to the screening of	
		sinbow@hra.nyc.gov.	► HRA McMillan Library
MY CAREER			► HRA Policies & Procedures
<ul> <li>Exams for Jobs</li> </ul>	NEW & NOTEWORTH	Y	► HRA Testimonies
<ul> <li>DSS/HRA Jobs</li> </ul>		New York Has Most Improved	RA restmonies
<ul> <li>DHS Jobs</li> </ul>		SNAP Payment Error Rate New York State recently received a	<ul> <li>Human Resources Information System</li> </ul>
<ul> <li>Citywide Jobs</li> </ul>		commendation from the United States	(HRIS)
<ul> <li>Instructions for Applying for Jobs in ESS</li> </ul>	1.12	Department of Agriculture.	<ul> <li>NYS Department of Health</li> </ul>
<ul> <li>Civil Service 101 Presentation</li> </ul>		Read More	
		Called to Find Homes for the	<ul> <li>Re-Engineering</li> </ul>
MY TRAINING		Homeless: Norma Galloway	<ul> <li>Workplace Violence Prevention Program</li> </ul>
Select Training Option 🗸		Norma Galloway has shined as a real estate developer able to find homes	
		for those living in shelter.	HOW DO I?
MY JOB TOOLS		Read More	Assist Clients with ADA Reasonable
HHS Procurements & Financials	-	April 27th is Take Your Child to	Accommodation Requests
		Work Day	Assist LEP Clients with Telephonic
HRA eDocs	XA	Learn how to request funding for Take Your Child to Work Day	<ul> <li>Assist LEP Clients with Telephonic Interpretation</li> </ul>
<ul> <li>HRA Facts &amp; Statistics</li> </ul>	A K	Funding Memo	
► HRA One Viewer		Funding Request Form	<ul> <li>Join HRA's Volunteer Coastal Storm Team</li> </ul>
RRA One viewer			
HRA Site Locations & Addresses		HRAINBOW invites you to a screening of the documentary	<ul> <li>Order Agency Print Materials</li> </ul>
<ul> <li>Web Program Applications</li> </ul>		SUITED	▶ Report Client Fraud
		Join HRAINBOW on Thursday, April 20th from 2:00 to 4:30 at 4WTC, 43rd	
MY FORMS		Floor Dumpson Center.	► Report Staff Misconduct & Fraud
MY FORMS	-	Read More	
HRA Forms			

#### 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.

	Version 21.1 - Paperless Of	fice System - [Activities Manageme	ent]	3:42:0	5 PM Friday, April 14	, 2017 📃
	File Edit Tools Window	Help				
	🕞 👂 🗐 🖄 🗓	E-mail POS Help				
Select Bureau of Fraud Investigation	Worker C Uncovered C	FIA web pages Bureau of Fraud Investigation (BFI) List of Temporary Housing Facilities POS Help on the Intranet Test ACE Phone Call				Approve Recert
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	Total: 0 Case	Remove Schedule	Reopening	Updete Disposition	WMS View Yo	xur Schedule [Comment]
	- Mart Mangh	- TRANSPO - Schedule		opene pispositori		

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.

oneunice/pri	iorm/startpage.aspx	Home Home	🥲 webnetmtce	×	-	
rites Tools	Help					
	Human Resources Administration Office of Investigations, Revenue and Enforcement Administration	REFERRAL TO BUREAU OF FI INVESTIGATIO			fraud	
		FRAUD HOTLINE (718) 722-8001 FAX	# (212) 274-5612 250 PROD	Church Street, 3rd Floor New	York, NY 10013	_
		T FRAUD IS DEFINED AS THE INTE G ELIGIBILITY TO RECEIVE SOCI/		ORMATION GIVEN, INCLUE		S
	PLEASE PROVIDE SP	ECIFICS ABOUT THE UNCOVERED/SUSPE	CTED FRAUD IN THE APPROPRIATE SE	ECTIONS BELOW.		
			WHAT IS FRAUD?			
Select	Report In	dividual	REPORT INDIVIDUAL			
			REPORT BUSINESS			
		at appropriate action will be taken if soc laws of confidentiality we cannot disclos		your information will stay confid	,	
				Copyright @	2014 HRA. All Rights Reserve	a_

• Next, staff will enter their contact information.

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	FRAUD HOTLINE (718) 722-8001 FAX # (212) 274-5612 250 Church Street, 3rd Floor New York, NY 10013
	PROD
	PLEASE PROVIDE YOUR CONTACT INFORMATION
Submission Date : User ID : Last Name : First Name : Work Phone : "	7/19/2017

• 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

ntce/BFIForm/Person	nalForm.aspx 🔎 🗹 🍎 🎯 webnetmice 🛛 🗶
man Resources ministration ce of Investigations, enue and Enforcement ministration	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
	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 :	New York Zip Code :
Marital Status :	Make Selection
Case Number :	
SSN:	Format: XXX-XXX-XXXXX
Phone Number :	Ext. Format: 123-456-7890
How do you know t	this person?
	A
	(max 100 characters)
Fields marked with	n * sign(s) are required

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

	Form/PersonalForm.aspx - Internet Explorer						
	netmtce/BFIForm/PersonalForm.asp	х	P 🛃 🎸 🏉 webnetmtce	×			
	Date Of Birth :		Age :				
	Address :						
	City :						
	State :	New York	Zip Code :				
	Marital Status :	Make Selection 🗸					
	Case Number :						
	S SN :		Format: XXX-XX-XXXX				
	Phone Number :	Ext.	Format: 123-456-7890				
	How do you know this persor	1?					
	Fields marked with * sign(s) a	are required	(max 100 characters)				
			Allegations				
Allegation(s) being reported	ing	Please select	one or more allegations to report	Check All			
reported	0	>					
reported		Employment	Unreported Resources	Child Care Provider			
		Aisrepresentation of Household hbers	Questionable Documentation	Electronic Benefit Transfer (EBT)			
		lot Residing at Address of Record	Prescription Drug Fraud	Other			
		Note: If you uncheck or modify a	ny allegation(s), previously entered	d records/data will be deleted.			
			SAVE & CONTINUE				
		*** Please Note: All info	mation provided will be kept and r				
				Copyright © 2014 HRA. All Rights Reserved			

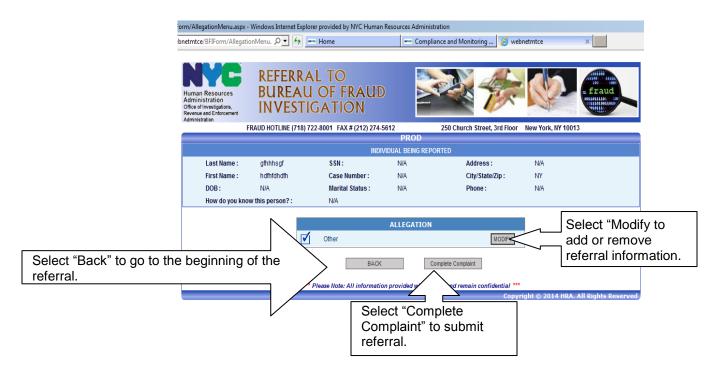
- Then click the "Save & Continue" button to move to the next page.
- Next, the staff will enter specific information regarding the referral by selecting the "Enter" button next to the allegation type which was selected in the prior screen.

Form/AllegationMenu.aspx -	Internet Explorer						
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Human Resources		AL TO I OF FRAUD GATION					fraud
FRAU	JD HOTLINE (718) 7	22-8001 FAX # (212) 274-5			et, 3rd Floor	New York, NY 1001	3
PROD INDIVIDUAL BEING REPORTED							
Last Name :	Mary	SSN:	N/A	Addres	is :	N/A	
First Name :	Chen	Case Number :	N/A	City/Sta	ate/Zip :	NY	
DOB:	N/A	Marital Status :	N/A	Phone	:	N/A	
How do you know th	nis person? :	N/A					
			ALLEGAT	ION			
Employment ENTER Select "Enter							
		BACK		Complete Complaint		L	
	***	Please Note: All informatio	n provided wi	II be kept and remain co	nfidential ***		
					Copyr	ight © 2014 HRA.	All Rights Reserved

• 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.

	a only other roughoups		nome	C webnethice			
5	Help						
	Human Resources Administration Office of Investigations, Revenue and Enforcement Administration		AL TO I OF FRAUI IGATION		2		fraud
		FRAUD HOTLINE (718)	722-8001 FAX # (212) 274		250 Church Street, 3rd Floor	New York, NY 10013	
			IND	PROD IVIDUAL BEING REPOR			
	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 kno	ow this person? :	N/A				
				Allegation List :			
				🗹 Other			
	N			OTHER FRAUD			
	Please dicate in d	letail any additional AL	LEGATION not included on	previous pages.			
Inter details of Ilegation(s) be	<b>```</b>						
	Fields aarked with * sign(s) are required						
			BACK	SAVE & CONTINUE	RESET		
		**	* Please Note: All informati	on provided will be ke	pt and remain confidential ***		
					Соруг	right © 2014 HRA. A	II Rights Reserved,

- 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:



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, 3<sup>rd</sup> 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 <u>PD #16-14-OPE</u> and <u>PD #16-16-OPE</u> .
FAIR HEARING	
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 From – 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 §348.6Social Services Law 145

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

## ATTACHMENT

➡ Please use Print on Demand to obtain copies of forms. Referral to Bureau of Fraud Investigation (Rev. 07/21/2014)

BFI-105 Rev.07/21/2014

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Human Resources Administration Investigation, Revenue and Enforcement Administration

#### 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, 3<sup>of</sup> FLOOR, NEW YORK, NY 10013

From:,	·			
Lasi name Address:	First name (If HRA, Cir,	Title (if ap #): Phone	plicable)	Date
PLEASE PROVIDE SPECIFICS ABO	UT THE UNCOVERED/SUSPE	CTED FRAUD IN '	THE APPROPRI	ATE SECTIONS)
BELOWANDATTACITCOPIESOFALL RELI	EVANTDOCUMENIS <u>PLEASE PR</u>	<u>RINT ALL INFORMA</u>	<u>TION</u>	
Participant's Name (Last)		(First)		
Participant's Date of Birth/	Category, Case Number/Suffix			/
Participant's Address				
UNREPORTED EMPLOYMENT Type Employer Name and Address		Self-Employed		]
Employment Period:	Work performed:	<u> </u>	_ Income Amoun	t \$
UNREPORTED PERSON IN HOUSE	HOLD			
Last Name:	Filst:	Felationship	o to Participant _	J
Employer's Name			_Income Amount	l\$
Employer's Address				
UNREPORTED RESOURCES				
Bank Name of Financial Institution				
Name of Financial Institution	Address		\$	
А	ccount Number		·	Amount
Real Property	Address			ber of Tenants
Vehicle				loci of renatifs
Vehicle Make Year	Plate Number	Make	Year P	late Number
NOT LIVING AT ADDRESS OF REC		nown:		
QUESTIONABLE DOCUMENT(S) G		s questionable:		
PRESCRIPTION DRUG FRAUD (OB Details:		PRESCRIPTIONS)		
CHILD CARE PROVIDER NOT PRO	VIDING SERVICE			
Name of parent:	Address:			
Name of child care provider:				
ELECTRONIC BENEFITS TRANSFE Details:	ER (DISCOUNTING FOOD STAM	IP BENEFITS WITH	THE EBT CAR	
ELECTRONIC BENEFITS TRANSFE Details: OTHER (Including Fraud perpetrated of Details:	against Participant, describe how Fi	· · · · · · · · · · · · · · · · · · ·		