



Commonwealth of Massachusetts  
Office of the State Auditor  
Suzanne M. Bump

*Making government work better*

Official Report – November 2, 2022

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## Bureau of Special Investigations Annual Report

Fiscal Year 2022  
July 1, 2021–June 30, 2022



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## ABOUT THE BUREAU OF SPECIAL INVESTIGATIONS

As part of the Office of the State Auditor, the Bureau of Special Investigations (BSI) is charged with investigating allegations of public assistance fraud throughout the Commonwealth. The diligent work of BSI examiners ensures that taxpayer dollars, which fund Massachusetts's public benefits programs, are used effectively so that those benefits are available to residents who truly need them.

Under state law, BSI's investigative authority extends to any assistance program administered by the Department of Transitional Assistance (DTA), the Department of Children and Families,<sup>1</sup> and the Division of Medical Assistance (which administers MassHealth, the state's Medicaid program). Although the Department of Early Education and Care (EEC) is not included in the BSI statute, BSI works with EEC through a memorandum of understanding. As a result of BSI's investigations, public assistance fraud cases are referred to agencies for administrative action, fraudulent overpayments are recovered through civil agreements, individuals are disqualified from programs for specified periods of time, and cases are prosecuted in state district or superior courts and the US District Court for the District of Massachusetts. BSI recommends cases for prosecution based on the severity of the fraud, the intent of the perpetrator, and the case's potential to serve as a deterrent to future fraud.

Working under Section 17 of Chapter 11 of the Massachusetts General Laws, BSI examiners operate from five offices across the Commonwealth. BSI consists of three separate investigative units: the Central Processing Unit, the MassHealth/DTA Unit, and the Data Analytics Unit. Each unit is headed by an assistant director who reports directly to the director of BSI. While each unit has its own specific concentration, all of the BSI units collaborate with one another, as investigations often involve more than one benefit program activity. BSI participates in joint investigations and task forces that focus on combating fraudulent activities with other state and federal agencies across the Commonwealth.

This report, as statutorily required, summarizes BSI's work in fiscal year 2022 (July 1, 2021–June 30, 2022).

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1 The Department of Children and Families does not administer public assistance funding and therefore does not fall within the scope of BSI's investigative work.

## EXECUTIVE SUMMARY

On June 15, 2021, Governor Charles Baker terminated the State of Emergency declared in response to the COVID-19 pandemic more than a year earlier in March 2020. The COVID-19 pandemic has affected nearly every aspect of government work, including the work of BSI. After working primarily outside of their office locations in Boston, Chicopee, Brockton, and Marlborough since onset of the pandemic, BSI staff members returned to their respective offices two days per week under a hybrid in-office/remote workplace model in January 2022. Although faced with unprecedented challenges over the last few years, BSI continues its work by using technology and innovation. The fiscal year 2022 (FY22) Bureau of Special Investigations Annual Report summarizes BSI's work and initiatives to execute the Office of the State Auditor's mission to make government work better by investigating, under its statutory charge, fraud, abuse, and illegal acts involving public assistance benefits throughout the Commonwealth. During FY22, BSI continued to investigate and identify fraud in order to maintain program integrity and uphold the Commonwealth's residents' faith in public assistance programs. BSI's efforts ensure that public assistance programs operate with transparency so that benefits are available to residents who truly need them. Public assistance programs administered by the Department of Transitional Assistance, the Department of Early Education and Care, and MassHealth provide vital social services for the Commonwealth's most vulnerable and disadvantaged residents—children, persons with disabilities, low-income individuals and families, and seniors.

**In FY22, BSI identified  
\$13,519,349  
in fraud.**

COVID-19 continued to impact BSI's work throughout FY22. The bureau experienced operational challenges both internally and externally with our partners and stakeholders, who were similarly impacted by COVID-19 that led to fewer referrals, backlogs and delays in fraud calculations.

In FY22, BSI opened 5,191 new investigations and completed 3,623<sup>2</sup> total investigations. This report includes a comprehensive breakdown of the fraud identified within each program BSI investigates. Of the 668<sup>3</sup> completed cases with identified fraud, the average amount of fraud was \$20,238.55.

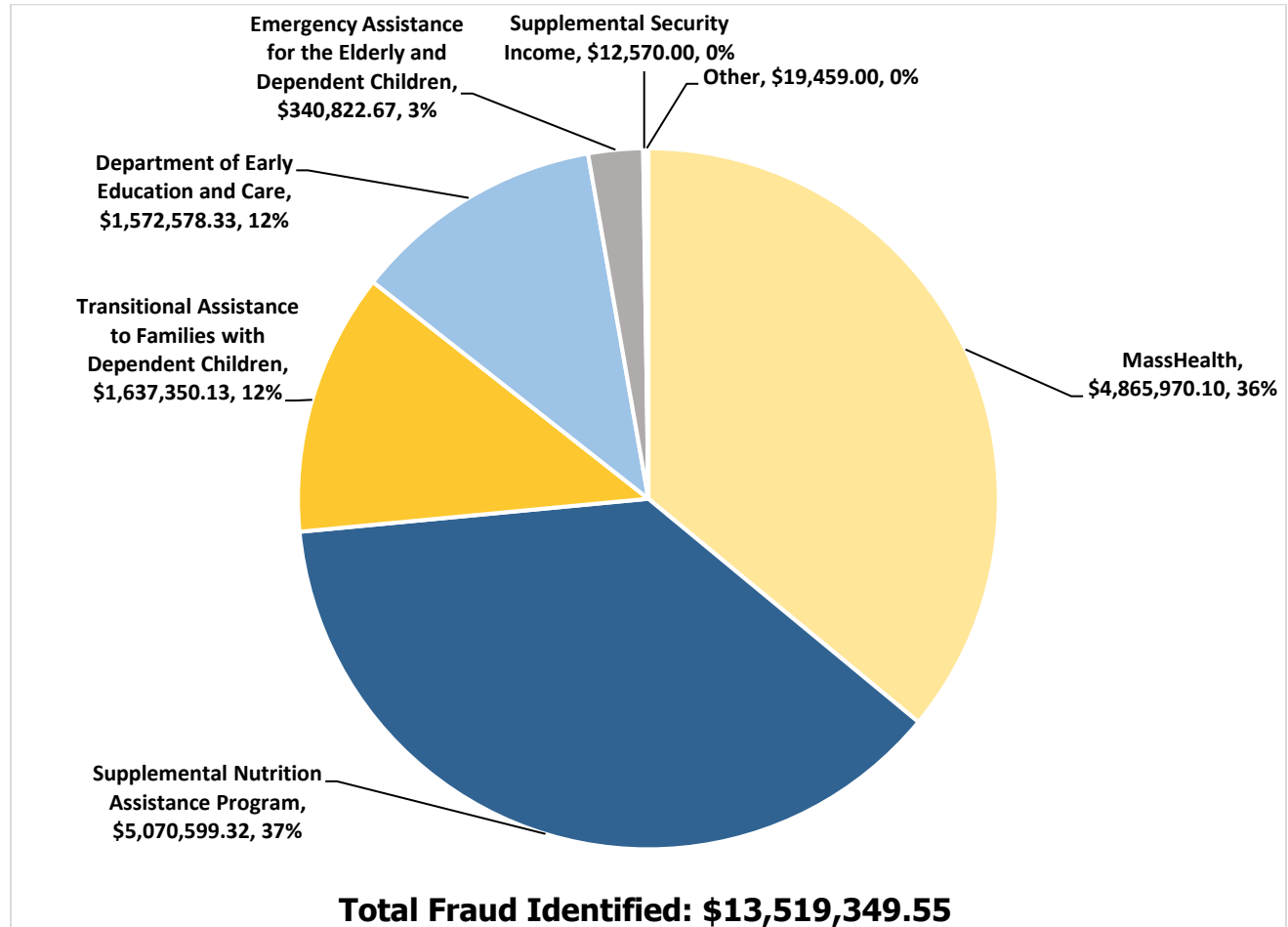
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2 This figure includes investigations that may have been opened during previous fiscal years and is not only tied to investigations opened during FY22.

3 This number reflects all the cases with a calculated overpayment (financial type).

## BSI YEAR IN REVIEW

**Figure 1. FY22 Fraud Dollars Identified by Public Benefit Program**

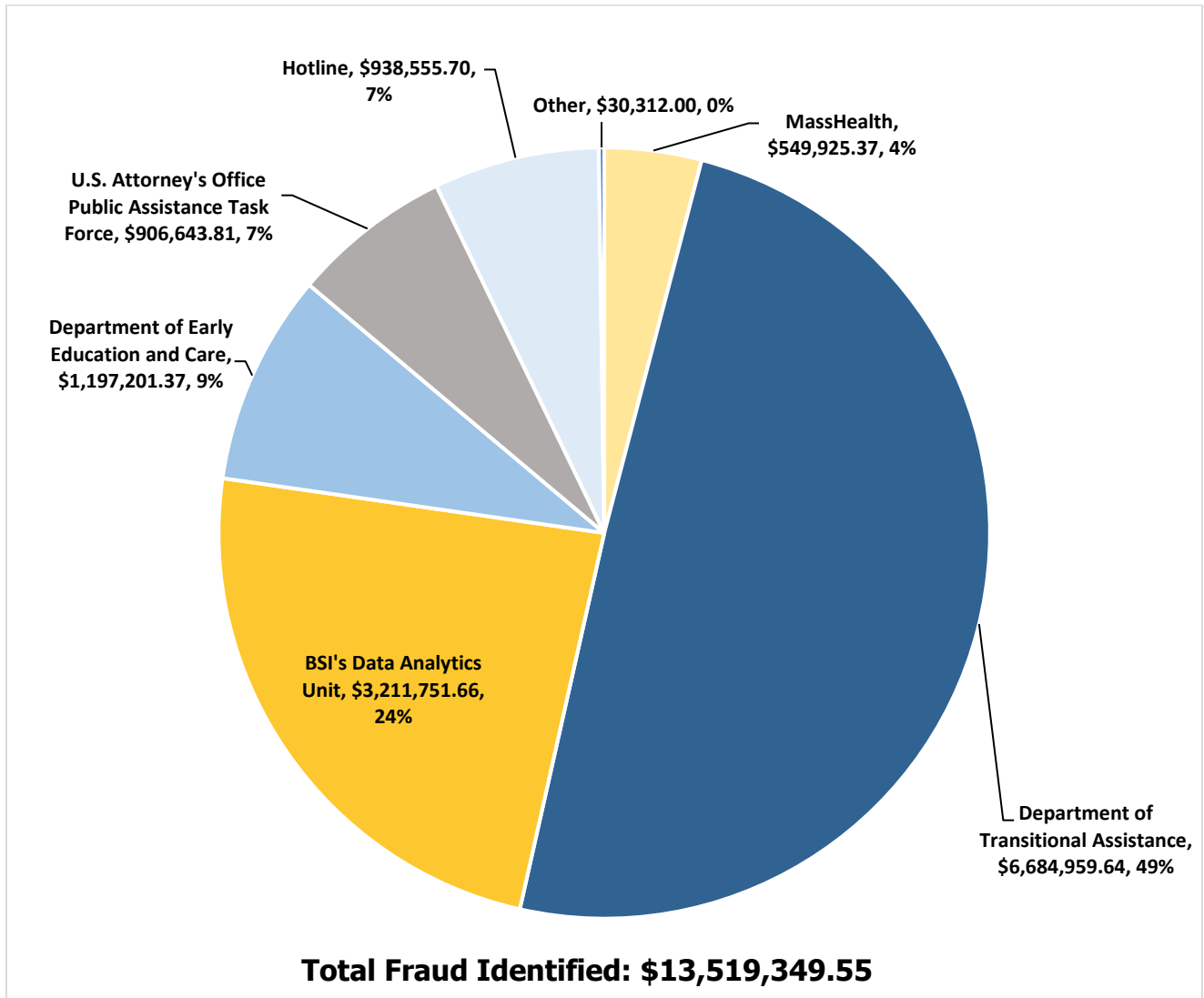


### BSI By the Numbers

- 1,330<sup>4</sup>: BSI cases at the start of fiscal year 2022 (FY22)
- 5,191: New investigations
- 3,623: Total completed investigations
- 668: Completed investigations with identified fraud
- 2,898: BSI cases at the start of fiscal year 2023

<sup>4</sup> In the FY21 Annual Report, the number of cases reported at the start of FY21 was 1,327. Three cases received an updated completion date due to BSI's case migration workflow, which led to their exclusion under FY22 reporting criteria. The BSI CMS structures and stores BSI data differently than BSI's former legacy database, Workstation.

**Figure 2. FY22 Fraud Dollars Identified by Referral Source**



**Table 1. FY22 Caseload by Referral Source**

Caseload	Department of Early Education and Care	Data Analytics Unit	MassHealth	Department of Transitional Assistance	Hotline	Task Force	Other	Total
<b>Beginning Balance</b>	35	93	197	786	162	39	18	<u>1,330</u>
<b>New Investigations</b>	24	393	872	3,050	833	12	7	<u>5,191</u>
<b>Total Completed Investigations</b>	26	93	563	2,306	607	23	5	<u>3,623</u>
<b>Completed with No Fraud</b>	4	7	477	776	503	4	2	<u>1,773</u>
<b>Completed with Identified Fraud</b>	5	42	30	233	24	4	1	<u>339<sup>5</sup></u>
<b>Completed as Potential Intentional Program Violation</b>	0	0	31	1,089	61	0	1	<u>1,182</u>
<b>Completed Pending Court/Non-Court/ Calculation<sup>6</sup></b>	17	44	25	208	19	15	1	<u>329<sup>7</sup></u>

5 This number reflects the disposition selected that signifies identified fraud.

6 Completed Pending Court/Non-Court/Calculation includes calculated cases pending court/non-court outcomes and cases that are pending fraud calculation(s) from referral source(s).

7 This number indicates cases without a disposition selected or financial types because they are pending court/non-court/calculation.

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## Closed Cases with Identified Fraud by Disposition

When BSI investigations are completed, BSI fraud examiners make determinations regarding the final resolutions of the cases, which may include referring the matter for prosecution, completing a civil recovery, or referring the matter for further action. Cases referred for prosecution are cases in which BSI files a criminal complaint against the subject(s) or refers the case to a district attorney's office, the Attorney General's Office, or the US Attorney's Office.

All investigations that are completed and closed by BSI are considered closed cases, with or without identified fraud. In some cases, a closed case without identified fraud does not necessarily indicate that there was no fraud present, but rather that BSI was not able to obtain the necessary documentation to substantiate the fraud or that the individual was not receiving public assistance benefits during the period of the allegation. Closed cases are cases that have been adjudicated completely, for which BSI will not pursue any further action.

BSI uses different disposition codes to categorize closed investigations with identified fraud. The seven disposition codes are as follows:

- Intentional program violations, or IPVs, are cases that are returned to the DTA, MassHealth, or the Department of Early Education and Care to be handled administratively by those agencies.
- Administrative closing with financials are cases that are completed with an overpayment calculation, but recovery was not completed due to various factors (subject deceased, subject moved and BSI unable to locate, BSI error, etc.).
- Civil recovery cases are resolved through an agreement in which subjects agree to repay part or all of the fraudulently obtained benefits to the Commonwealth. Repayment terms must follow the originating agency's rules and regulations.
- Continuance without a finding are completed cases with identified fraud that were referred for prosecution where the subject admits that there is sufficient evidence for a reasonable jury to find them guilty of the charged offense(s).
- General continuance are completed cases with identified fraud that were referred for prosecution where a general continuance has been ordered following either the subject's guilty plea or a guilty verdict after a bench or jury trial.
- Guilty are completed cases with identified fraud that were referred for prosecution where the subject has either pleaded guilty or received a guilty verdict after a bench or jury trial.

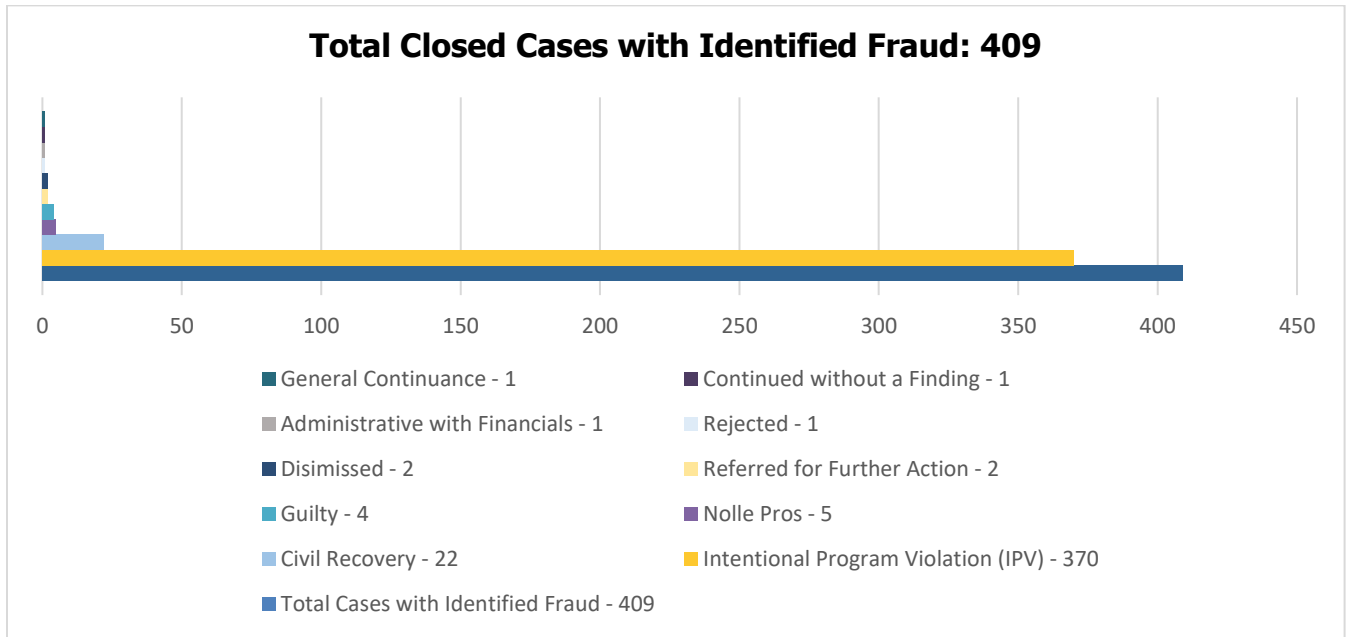


- Dismissed are completed cases with identified fraud that were referred for prosecution where the court dismisses the case; the matter may be returned to the benefit program for further action.
- Refer for further action with financials are completed cases with identified fraud that were referred for further action; the matter may be referred to the Office of the State Auditor or another state agency for further action.
- Rejected are completed cases with identified fraud that were referred for prosecution where prosecution was declined prior to filing charges.
- Nolle Prosequi, or Nolle Pros, are completed cases with identified fraud that were referred for prosecution where prosecution was declined after filing charges before a verdict is rendered.

During FY22, BSI closed 409 cases with identified fraud and categorized them under the following disposition codes:

- 370 IPVs,
- 22 civil recoveries,
- 5 Nolle Pros,
- 4 guilty court dispositions,
- 2 refers for further action with financials,
- 2 dismissals with financials,
- 1 administrative closing with financials,
- 1 general continuance,
- 1 continuance without a finding, and
- 1 rejected.

**Figure 3. Summary of Closed Cases with Identified Fraud for FY22**



## FISCAL YEAR 2022 SUMMARY BY UNIT

### Central Processing Unit

The Central Processing Unit (CPU) received 5,191 new referrals for investigation in fiscal year 2022 (FY22) and processed, analyzed, and reviewed 3,636 referrals from the following sources.

**Table 2. FY22 CPU Referral Sources**

Source	Number of Referrals	Percentage of Total*
Department of Transitional Assistance	2,368	65%
Hotline	604	17%
MassHealth	592	16%
Data Analytics Unit	53	1%
Department of Early Education and Care	17	0.5%
Other	2	0.05%

\* Percentages do not total 100% because of rounding

The following is a breakdown of the public assistance programs involved in the 3,636 analyzed referrals.

**Table 3. FY22 CPU Caseload by Public Assistance Program**

Type	Number of Cases	Percentage of Total*
Supplemental Nutrition Assistance Program	1,133	31%
Emergency Aid to the Elderly, Disabled and Children	829	23%
MassHealth	816	22.4%
Transitional Aid to Families with Dependent Children	807	22.1%
Department of Early Education and Care	23	0.6%
Other	19	0.5%
Merge Case	8	0.2%
Supplemental Security Income	1	0.02%

\* Percentages do not total 100% because of rounding.

CPU team members identified 1,142 referrals as potential intentional program violation (IPV) cases, where BSI determined that a fraud claim had merit but returned the case to the Department of Transitional Assistance (DTA) for further action based on the evidence. Typical agency actions include civil recovery, disqualification, and recalculation of benefits. Additionally, CPU closed 1,438 referrals administratively

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with no fraud determined after completing preliminary investigations. CPU designated 1,056 referrals for case assignment. CPU team members continued to carry a small caseload in FY22, completing 21 investigations within the unit.

In FY22, CPU assisted with projects for DTA involving Transitional Aid to Families with Dependent Children (TAFDC) and Emergency Aid to the Elderly, Disabled and Children (EAEDC) program benefits, also known as economic assistance (cash benefits). Eligibility for cash benefits is dependent on household size and income; recipients of these benefits are frequently unemployed, underemployed, or unable to work. DTA customarily issues cash benefits twice per month to those who are eligible. Cash benefit recipients are required to report changes in income over \$100 and any new income in the household to DTA within ten days.

The first project, referred to as the “PUA Project,” involved collaboration between DTA, the Department of Unemployment Assistance (DUA) which administers and manages unemployment benefits (UI), as well as pandemic unemployment assistance (PUA) exclusively provided during the COVID-19 public health emergency, and the Office of the Inspector General. Reviewing DTA and DUA data matches, DTA identified individuals who failed to report their receipt of UI and/or PUA benefits while receiving EAEDC or TAFDC benefits. DTA program rules require DTA cash benefit recipients to report receipt of UI or PUA benefits to DTA, as receipt of these benefits disqualifies eligibility for EAEDC benefits and may reduce the amount of eligible TAFDC benefits.

During this project, CPU completed the intake and analysis process on 755 EAEDC referrals and 844 TAFDC referrals. In preparation for case assignments, CPU analyzed and reviewed each referral for the BSI team. To complete their analysis, CPU team members were able to gain access to and navigate through DUA’s Web-based case management system, UI Online. In total, CPU designated 931 of these referrals for investigation by the Super Fraud Unit<sup>8</sup>.

Another project CPU assisted with during FY22 is the Data Analytics Unit’s (DAU’s) PCA High Earner Project. For this project, DAU analyzed PCA income provided by MassHealth for the highest-earning PCAs during 2021 and verified whether their income was accurately reported to other public benefits programs. DAU generated 387 referrals that CPU analyzed in preparation for assignment. CPU team members also continued testing in BSI’s new Case Management System (CMS), as part of Phase II of the procurement

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<sup>8</sup> Description of the unit provided on page 12.

process. The team participated in meetings and trainings to test new updates and overall functionality before the new builds were available to the rest of the BSI team.

CPU plays a central role in assisting, communicating, and collaborating with examiners during the course of their investigations. As a team, CPU continued to keep examiners up-to-date with all Policy/Income guideline changes from our stakeholders throughout FY22. In addition, the unit maintained its technical proficiency utilizing various technologies and applications to stay current with guidelines and to verify allegations received.

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## MassHealth | DTA | EEC Unit

The Super Fraud Unit (SFU) consists of a special investigator, six fraud examiners, and three senior fraud examiners, all of whom are under the supervision of an assistant director and two supervising fraud examiners.

SFU completed 688 cases in FY22, which contributed to identifying fraud totaling \$9,047,145.31 in 544 cases. The breakdown of identified fraud by public benefit program in FY22 is as follows:

- \$4,008,664.02 for Supplemental Nutrition Assistance Program (SNAP) investigations (44.31%)
- \$2,035,957.94 for MassHealth investigations (22.5%)
- \$1,360,629.93 for Transitional Aid to Families with Dependent Children (TAFDC) investigations (15.04%)
- \$1,280,784.68 for Department of Early Education and Care (EEC) investigations (14.16%)
- \$329,079.74 for Emergency Aid to the Elderly, Disabled and Children (EAEDC) investigations (3.641%)
- \$19,459 for Housing Authority investigations (0.22%)
- \$12,570 for Social Security investigations (0.14%)

The easing of COVID-19 restrictions and working within a hybrid workplace model presented BSI with opportunities to strategize and develop new methods of conducting civil recoveries and subject interviews. In September 2021, BSI examiners resumed recoveries for the Department of Transitional Assistance (DTA) that were suspended/on pause since March 2020. In addition, BSI staff resumed conducting civil recoveries and interviewed over 50 subjects both virtually and in-office. During FY22, 17 repayment agreements and disqualification consent agreements (DCA) totaled \$673,101.76.

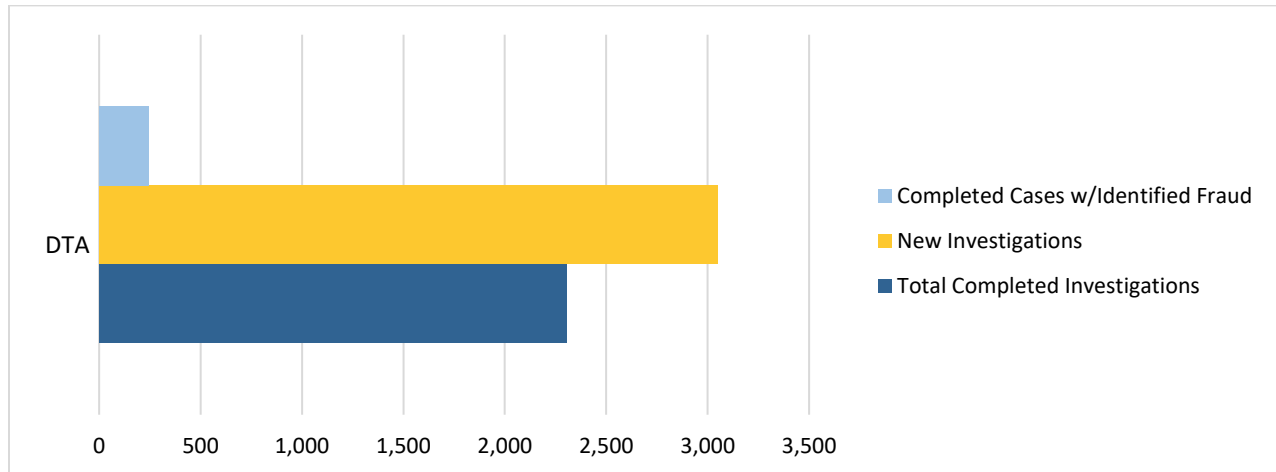
The lifting of COVID-19 restrictions allowed examiners to resume fieldwork. Fieldwork is an integral part of an investigation as it often yields compelling and convincing evidence to supplement documentary evidence.

In FY22, SFU investigative efforts resulted in the filing of criminal charges in four separate cases in district courts throughout the Commonwealth. Two cases were filed in Springfield District Court and the other two, filed in Boston Municipal Court and Lawrence District Court respectively, were resolved through civil

recovery agreements prior to arraignment. The two civil recovery agreements resulted in a combined repayment of \$45,412.39 to MassHealth.

SFU team members host biweekly case progress meetings. These examiner-led meetings keep cases progressing while generating investigative discussions. Mentoring amongst examiners has continued to be a priority for the unit. Examiners who possess strong interviewing, civil recovery recoupment, report writing, or fieldwork experience continually volunteer to mentor others. The internal mentoring program has been mutually advantageous for both senior and less experienced examiners.

**Figure 4. FY22 DTA Caseload**

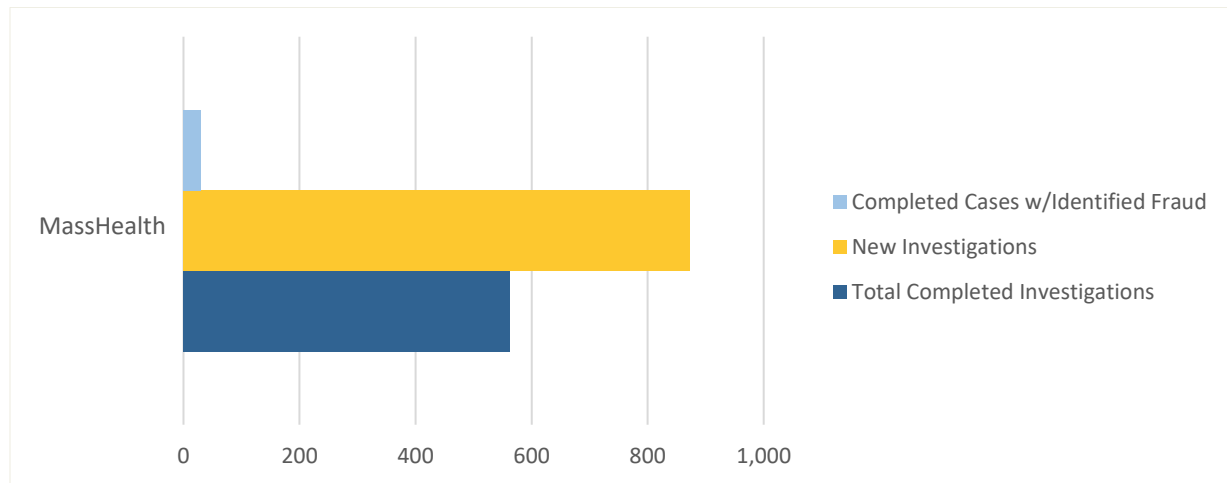


Note: BSI's DTA caseload for FY22 included SNAP, TAFDC, and EAEDC cases.

During FY22, SFU worked on multiple projects that generated a high number of referrals for investigation. These projects included the previously discussed DTA Pandemic Unemployment Assistance (PUA) project and the Personal Care Attendant (PCA) High Earner project. The PUA project resulted in the creation of a Report of Investigation template that expedited the investigation-to-conclusion process for examiners. During their investigation of the PUA Project cases, examiners found DTA cash benefit recipients failed to report their receipt of UI and PUA benefits to DTA. The calculated overpayments were generally under \$15,000. Completed cases with identified fraud were returned to DTA as IPV's for their administrative process and overpayment recovery.



**Figure 5. FY22 MassHealth Caseload**

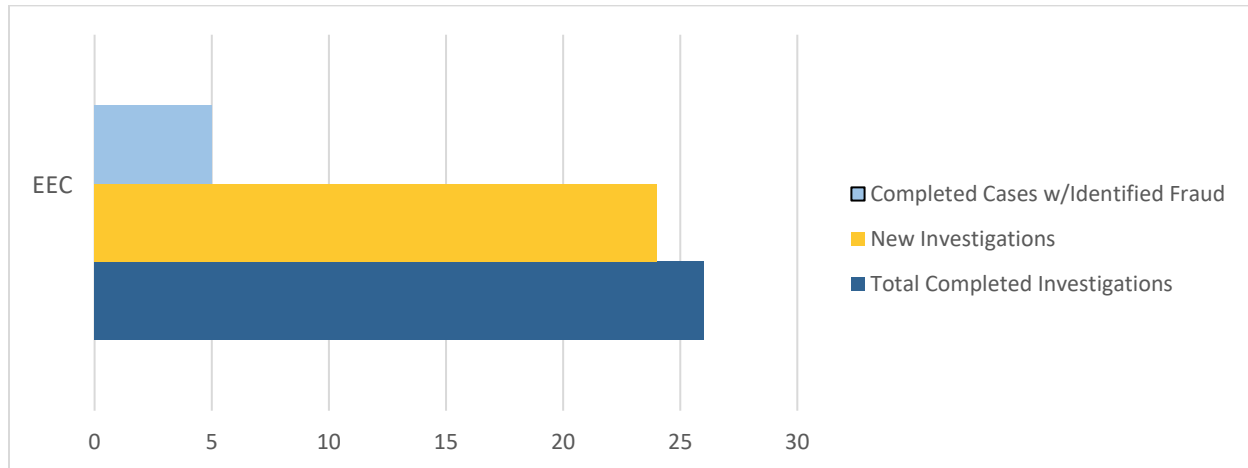


During FY22, BSI further improved its workflow with a Fiscal Intermediary (FI),<sup>9</sup> Tempus. As an FI, Tempus Unlimited, Inc. performs employer-required tasks and related administrative tasks for individuals, commonly referred to as consumers, in Massachusetts PCA programs. Following the FI merger in January 2022, Tempus now has the sole contract for FI services with the Executive Office of Health & Human Services—Office of Medicaid (MassHealth PCA FI Program). BSI and Tempus have implemented a new procedure to request documentation and fraud calculations. The streamlined process will ensure organization and timely results for both agencies.

BSI continued to collaborate with MassHealth and the Attorney General’s Office on the PCA Task Force on joint investigations of PCA fraud-related cases. During FY22, the PCA Task Force reviewed PCAs whose wages were well over \$100,000 during the 2021 tax year. Due to the loosening of certain PCA program rules during COVID-19, the former restraints on overtime and travel no longer apply.

<sup>9</sup> The federal government contracts private insurance companies, fiscal intermediaries, to administer its programs and process its payments.

**Figure 6. FY22 EEC Caseload**



Lastly, SFU completed 18 EEC investigations and identified \$1,280,784.68 in fraud from these referrals. Because individuals suspected of defrauding EEC often also receive other forms of public assistance, BSI routinely checks EEC subjects' other public assistance benefits and, in particular, their reporting of household income and composition to other agencies. These supplemental investigations have led to the discovery of additional fraud in DTA and MassHealth public benefit programs.

As part of BSI's expanding working relationship with EEC, EEC permits BSI examiners to participate in EEC's administrative hearings under the Informal Fair Hearings Rules. The EEC administrative hearing provides BSI examiners the opportunity to explain their investigation and its findings to an EEC Review Officer. In FY22, BSI examiners provided testimony about their investigations at two separate EEC administrative hearings.

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## Data Analytics Unit

During FY22, BSI's Data Analytics Unit (DAU) generated 387 referrals to CPU. The majority of these referrals alleged that personal care attendants (PCAs) failed to accurately disclose their income to the Department of Transitional Assistance (DTA) and MassHealth agencies as required while receiving public assistance benefits. DAU also continued to field referrals from BSI's Public Assistance Fraud Hotline, analyzing two provider referrals that alleged provider fraud. These investigations remain ongoing.

Using advanced data analysis, DAU identified and generated referrals for three MassHealth providers. The unit's analysis focused on improper billing associated with a variety of dental services. Other analyses conducted by DAU in FY22 focused on telemedicine, laboratory, physician, and PCA services. Additionally, prior to FY22, DAU referred two MassHealth dental providers to the Office of the State Auditor's Medicaid Audit Unit. The Medicaid Audit Unit featured DAU's findings in two audits issued in FY22. The audits may be found here:

- <https://www.mass.gov/audit/audit-of-the-office-of-medicaid-masshealth-review-of-claims-submitted-by-dr-melissa-hamilton>
- <https://www.mass.gov/audit/audit-of-the-office-of-medicaid-masshealth-review-of-claims-submitted-by-dr-nicholas-franco>

In FY22, DAU continued to support multiple state and federal partners through joint investigative work in addition to accepting referrals for investigation and creating and sending referrals to the appropriate entities. DAU collaborated with federal partners, including the Office of the Inspector General's Office of Investigations and the Executive Office of Health and Human Services, on an ongoing investigation related to services provided within both the Medicaid and Medicare programs.

Lastly, DAU continued the development of its Analytical Support Services, which allows BSI examiners to choose from a suite of services designed to aid in the completion of data analysis tasks associated with their investigations. Services include, but are not limited to, the creation of visualizations (maps, timelines, charts, graphs, etc.) for presentation in court and other settings; the customization of findings reports for the analysis of financial, healthcare, and other relevant data; network and social media analysis; technical training; and Optical Character Recognition (OCR) services. These services will assist in streamlining and automating several aspects of BSI's operations.

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In FY 2022, DAU placed particular focus on the continued development of its OCR and spatial analysis capabilities and the expansion of its respective use cases. Specifically, DAU began work on an OCR project designed to automate the transcription of tax records used in BSI investigations. Additionally, DAU began work on a project designed to map and visualize travel records of PCAs and other Medicaid providers.

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## Other BSI News

During FY22, BSI's Training Team continued to identify staff training needs; build informative and engaging trainings, presentations, and job aides; and effectively lead training sessions for all BSI staff. Comprised of staff members from all units, the team led an internal Soft Skill training that included time management, organization, and OneNote tutorials. BSI members participated in group discussions that highlighted diverse perspectives and experiences to enhance their skills. BSI training team members also led a MassHealth (MA21/HIX) refresher presentation for all BSI members. In addition to internal trainings, recently hired examiners completed a training on interviewing.

The Training Team's continued focus on the process to conduct civil recoveries and interviews helped BSI initiate 19 repayment agreements and disqualification consent agreements (DCAs) totaling \$761,162.25. DCAs are agreements that subjects voluntarily sign to disqualify themselves from receiving further DTA and/or EEC benefits because of their IPVs. When pursuing civil recovery for DTA and EEC cases, DCAs are required to complete the civil recovery agreement.

During FY22, BSI successfully on-boarded two new fraud examiners remotely. Using a collaborative team effort, BSI members relied on a detailed onboarding agenda, which consisted of multiple PowerPoints, job aids, and learning templates. These onboarding materials were improved to include updated benefit program information. All onboarding materials serve as useful guides and remain available on the public drive for all BSI staff members to reference.

FY22 also featured the conclusion of Phase II of BSI's new Case Management System (CMS) project and the start of the final phase, Phase III. The new CMS is a platform where all staff members have access to a full case file without physically requesting information from the assigned examiner. The CMS has enhanced the process by which BSI personnel assign cases, request and save documents, request tasks, track case progress, log financials, and generate reports of investigations. Information requests and information-gathering tasks are assigned and tracked through the CMS and reports are generated within the CMS rather than in separate Word documents. The functionality to assign and reassign cases in bulk is currently in development. The CMS serves as an organized database for examiners to save case files with greater access to management and significantly decreases BSI's use of and reliance on paper. The ability to create allegation-based report templates and attach relevant documentary evidence directly to a report within the CMS has helped expedite examiners' administrative processes following their

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investigations. Phase III of the project has allowed for feature updates and workflow improvements that further enhance user-friendliness and satisfaction.

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## **NOTABLE BSI ACTIVITY**

### **Dorchester Woman (Formerly of Cambridge) Sentenced for Theft of Government Benefits.**

On December 15, 2020, a Dorchester woman, who formerly resided in Cambridge, was sentenced in the US District Court in Boston on two counts of theft of government benefits. In September 2020, the woman pleaded guilty to fraudulently receiving approximately \$71,636 in Social Security benefits and \$13,923 in Supplemental Nutrition Assistance Program (SNAP) benefits from December 2009 through September 2018 by failing to report that her mother, the rightful recipient of these benefits, was deceased. The woman allegedly impersonated her deceased mother in interactions with the benefit programs for nearly nine years. She received a sentence of eight months of home confinement and three years of supervised release, and ordered to pay restitution of \$85,559 to the Social Security Administration (SSA) and to the Massachusetts Department of Transitional Assistance (DTA).

### **Cambridge Woman Indicted for Social Security and Welfare Fraud.**

On July 7, 2021, a Cambridge woman was arrested and charged with fraudulently receiving Social Security disability benefits, SNAP benefits, and Section 8 housing assistance. The woman faces three counts of theft of public funds. The indictment alleges that over a period of approximately 13 years, the woman stole Social Security benefits and Section 8 housing assistance benefits. It also alleges that she stole SNAP benefits for more than three years during that time. As a result, it is alleged that she stole approximately \$176,621.25 in Social Security benefits from January 2006 through December 2019 and \$55,897.62 in SNAP benefits from October 2001 through December 2019.

### **Marlborough Woman Pleads Guilty to Welfare Fraud.**

On March 4, 2022, a Marlborough woman pleaded guilty to fraudulently receiving Social Security disability benefits, MassHealth, SNAP benefits, and Section 8 housing assistance. The woman pleaded guilty to four counts of theft of public funds and two counts of making false statements. Over approximately 12 years, the woman allegedly stole \$68,223 in Social Security benefits, \$1,908 in MassHealth benefits, \$21,790 in SNAP benefits, and \$161,277 in Section 8 housing assistance by falsely claiming she lived alone when, in fact, she was living with her husband. It is alleged that she falsely informed SSA about her household composition in June 2016 and that she did the same with the Marlborough Community Development Authority in May 2017.

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## **Despite Pandemic, BSI Participation in Document and Benefit Fraud Task Force Continued.**

As an active member of the US Attorney's Public Assistance Fraud Task Force, BSI received 12 referrals in FY22. BSI also continued to serve on the Homeland Security Investigation's Document and Benefit Fraud Task Force (DBFTF), which comprises various local, state, and federal agencies with expertise in detecting, deterring, and disrupting organizations and individuals involved in various types of document, identity, and benefit fraud schemes.

DBFTF's "Double Trouble" investigation continued to identify suspected aliens, predominately from the Dominican Republic, who allegedly obtained stolen identities of United States citizens living in Puerto Rico and then used those identities to obtain documents and public benefits that they would not otherwise be eligible to receive. Most frequently, these benefits included Registry of Motor Vehicles identity documents, Social Security numbers, Medicaid, unemployment compensation, and public housing subsidies. During FY22, the defendants in two separate Double Trouble cases were sentenced.

On July 16, 2021, a Dominican national previously residing in Roxbury, pleaded guilty to false representation of a Social Security number and theft of government money. From January 2016 through August 2020, he applied for and received MassHealth benefits and Section 8 housing assistance using the identity of a Puerto Rican citizen. He fraudulently received over \$58,000 in MassHealth benefits, approximately \$20,780 in Section 8 housing assistance benefits, as well as \$5,736 in PUA benefits over the four-year period by using the stolen identity. (<https://oig.ssa.gov/news-releases/2021-07-19-newsroom-news-releases-dominican-national-pleads-guilty-social-security-misuse-and-theft-government/>)

On October 7, 2021, US District Court Judge Leo T. Sorokin sentenced him to 15 months in prison and three years of supervised release. He was ordered to pay restitution of \$84,610. Upon completion of his sentence, he will face deportation proceedings. (<https://www.justice.gov/usao-ma/pr/dominican-national-sentenced-social-security-misuse-and-theft-government-money>)

On October 14, 2021, US District Court Judge William G. Young sentenced a Dominican national to 14 months in prison and three years of supervised release. He was ordered to pay \$18,997 in restitution to MassHealth and will be subject to deportation upon the completion of his sentence. Charged with one count of false representation of a Social Security number and one count of making a false statement relating to health care matters, he pleaded guilty to both counts in June 2021.



He applied for and obtained a Massachusetts driver's license and identification cards using the identity of a Puerto Rican citizen. He also used that name and Social Security number to apply for and receive MassHealth benefits. He fraudulently received \$18,997 in MassHealth benefits between January 1, 2008 and December 31, 2019. (<https://www.justice.gov/usao-ma/pr/dominican-national-sentenced-misusing-social-security-number-and-making-false-statement>)

While the bulk of cases BSI investigates are referred from state agencies and law enforcement, the general public also plays a vital role in reporting fraud. The State Auditor's Office has an online form to report public assistance fraud: <https://www.mass.gov/forms/report-public-benefit-fraud-online>. Citizens can also use BSI's fraud reporting hotline: (617) 727-6771. All complaints are kept confidential.