

OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

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Bureau of Special Investigations Annual Report

Fiscal Year 2024
July 1, 2023–June 30, 2024



TABLE OF CONTENTS

ABOUT THE BUREAU OF SPECIAL INVESTIGATIONS	1
EXECUTIVE SUMMARY	2
BSI YEAR IN REVIEW	3
FISCAL YEAR 2024 SUMMARY BY UNIT	8
NOTABLE BSI ACTIVITY	18

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 critical benefits are available to residents who truly need them.

Under Section 17 of Chapter 11 of the Massachusetts General Laws, BSI’s investigative authority extends to any assistance program administered by the Department of Transitional Assistance (DTA), the Department of Children and Families (DCF),¹ and the Executive Office of Health and Human Services (EOHHS)² (which administers MassHealth, the state’s Medicaid program). Although BSI’s enabling statute does not grant it direct authority to the Department of Early Education and Care (EEC), we work with EEC through a memorandum of understanding. Public assistance fraud cases substantiated by BSI’s investigations are referred to agencies for administrative action, fraudulent overpayments are recovered through civil agreements, individuals are disqualified from programs for specified periods, and particularly egregious 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 fraud, the intent of the perpetrator, and the case’s potential to serve as a deterrent to future fraud.

BSI examiners operate from five offices across the Commonwealth. BSI consists of three separate investigative units: the Central Processing Unit (CPU), the Fraud Investigations Unit (formerly MassHealth/DTA/EEC Unit), and the Data Analytics Unit (DAU). An assistant director, who reports directly to the director of BSI, heads each unit. While each unit has its own specific concentration, all BSI units collaborate with one another, as investigations often involve allegations of fraud in more than one benefit program. 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 2024 (July 1, 2023–June 30, 2024).

1 DCF does not currently administer public assistance funding and therefore does not fall within the scope of BSI’s investigative work.

2 Referred to as MassHealth.

EXECUTIVE SUMMARY

Public assistance programs administered by DTA, EEC, and MassHealth provide vital social services for the Commonwealth’s most vulnerable residents—children, persons with disabilities, low-income individuals and families, and seniors. This fiscal year, BSI was fortunate to have several new hires, allowing it to return to its normal staffing levels. Although BSI staff members continued to work under a hybrid workplace model, allowing for all investigatory tasks to be conducted in person, most subjects of BSI investigations chose to participate in interviews via videoconference. BSI relies on a variety of technology solutions to bridge the distance between offices, increase accessibility, and effectively complete public benefits fraud investigations. The fiscal year 2024 (FY24) Bureau of Special Investigations Annual Report summarizes BSI’s work and initiatives to execute its mission under its statutory charge: to help make government work better by investigating fraud, abuse, and illegal acts involving public assistance benefits throughout the Commonwealth. During FY24, BSI continued to investigate and identify fraud 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, accountability, and equity.

**In FY24, BSI identified
\$10,265,265
in fraud.**

In FY24, BSI opened 3,155 new investigations and completed 5,704³ total investigations. This report includes a comprehensive breakdown of the fraud identified within each program BSI investigates. It is notable that of the 584⁴ completed cases with identified fraud (10.2% of all cases completed), the average amount of fraud per completed case was \$17,578.⁵ We also note that 1,996 cases were completed (34.9%) with no determination of fraud.

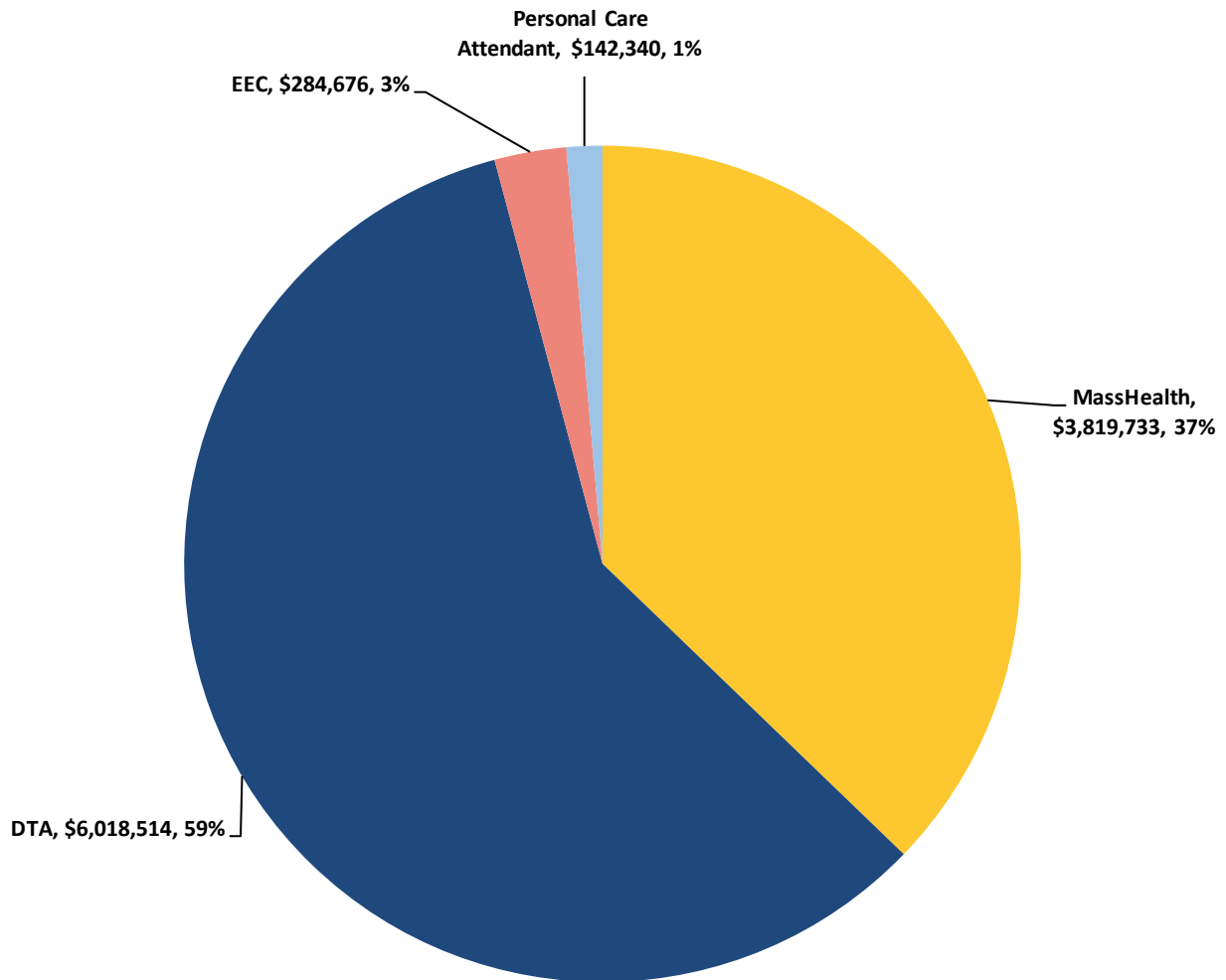
3 This figure includes investigations that may have been opened during previous fiscal years and is not only limited exclusively to investigations opened during FY24.

4 This number reflects all the cases with a calculated overpayment of a specific public benefit. These cases may or may not have a disposition, however, as the investigations are completed, but the cases may not be closed as of drafting this report. BSI uses different disposition codes to categorize closed investigations with identified fraud.

5 Comparatively, during FY22, BSI completed 668 cases with identified fraud and the average amount of fraud was \$20,239, and during FY23, BSI completed 782 cases with identified fraud and the average amount of fraud was \$15,758. See <https://www.mass.gov/lists/reports-on-public-benefit-fraud>.

BSI YEAR IN REVIEW

Figure 1. FY24 Fraud Dollars Identified by Public Benefit Program



Total Fraud Identified: \$10,265,265

BSI By the Numbers

584 Completed investigations with identified fraud

6,438 BSI cases at the start of FY24
+
3,155 New investigations
-
5,704 Total completed investigations
=
3,889 BSI cases at the start of fiscal year 2025

Figure 2. FY24 Fraud Dollars Identified by Referral Source

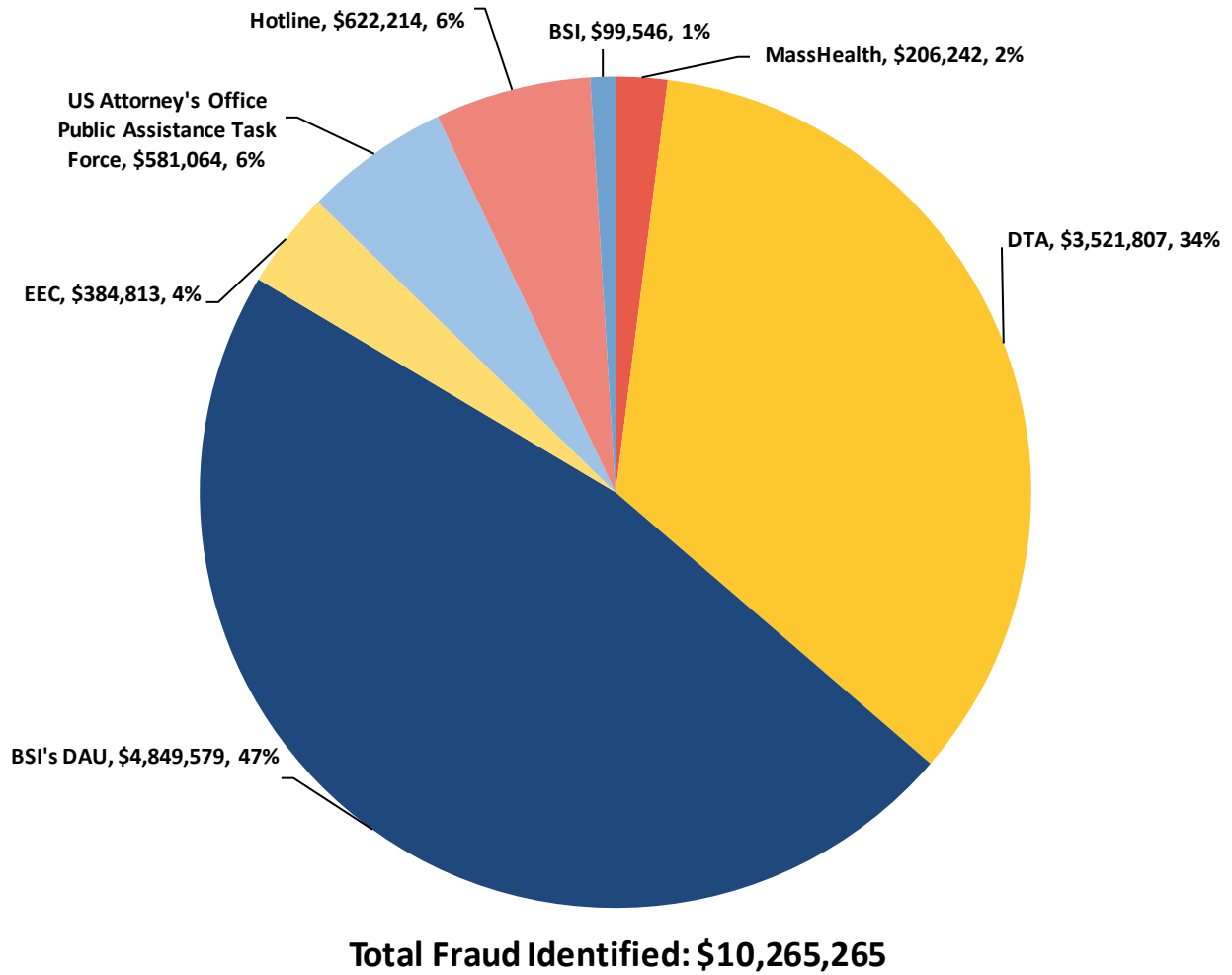


Table 1. FY24 Caseload by Referral Source

Caseload	BSI	EEC	DAU	MassHealth	DTA	Hotline	Law Enforcement	PCA ⁶ Task Force	Task Force	Other	Total
Beginning Balance	2	9	580	253	4,936	563	2	15	58	20	<u>6,438</u>
New Investigations	11	0	1 ⁷	30	1,668	1,361	2	61	21	0	<u>3,155</u>
Total Completed Investigations	8	5	226	60	4,007	1,348	1	28	20	1	<u>5,704</u>
Closed with No Fraud	0	2	29	41	758	1,129	1	28	7	1	<u>1,996</u>
Closed with Identified Fraud	5	1	167	13	266	36	0	0	2	0	<u>490⁸</u>
Closed as Potential Intentional Program Violation	0	0	0	1	2,933	171	0	0	0	0	<u>3,105</u>
Completed Pending Court/Non-Court/Calculation⁹	3	2	30	5	50	12	0	0	11	0	<u>113¹⁰</u>

6 PCA refers to Personal Care Attendant and identifies MassHealth overpayments for PCA services; overpayments for member healthcare benefits are identified by Medicaid.
 7 BSI’s DAU completed a large referral project in the fourth quarter of FY24, which has not yet been processed through CPU. DAU generated 1,196 referrals for CPU analysis in FY24. As a result, those referrals are not reflected in this report but will be available in the FY25 annual report.
 8 Of the 584 cases completed with identified fraud during FY24, 490 cases were closed with a final disposition selected that signifies identified fraud.
 9 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).
 10 This number indicates cases without a disposition or financial type (calculated overpayment of specified public benefit) because they are pending court/non-court/calculation as of drafting this report.

Closed Cases with Identified Fraud by Disposition

BSI investigations may result in 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 Office of the Attorney General (AGO), or the US Attorney's Office (USAO).

All investigations completed and closed by BSI are considered closed cases, with or without identified fraud. 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 various disposition codes are as follows:

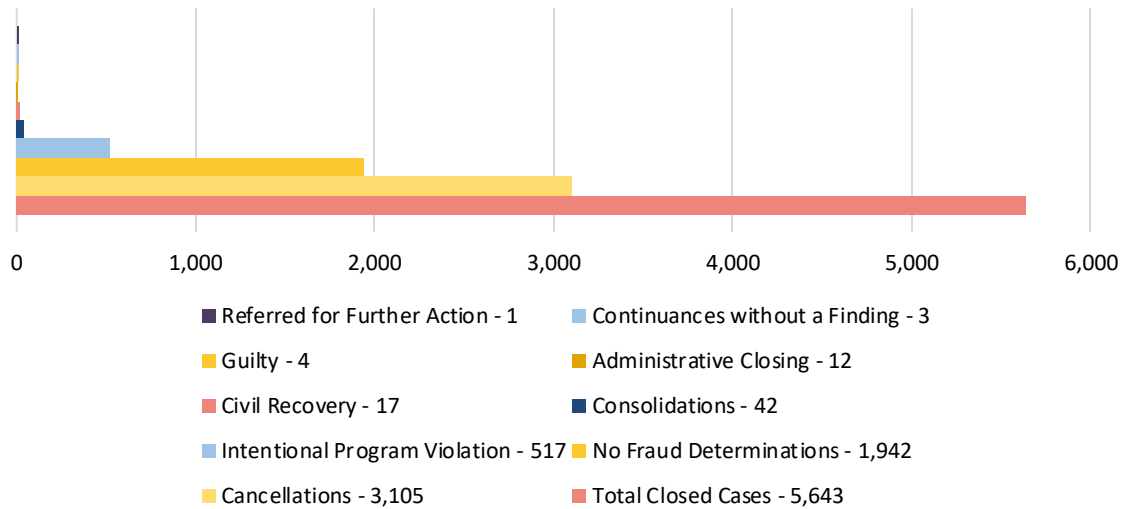
- Cancellations are cases that are recommended for return to DTA because the preliminary investigation failed to develop sufficient evidence to warrant further BSI investigation.¹¹
- No fraud determinations are rendered in cases where the allegation of fraud could not be substantiated following investigation.
- Intentional program violations (IPVs) are cases that are returned to DTA, MassHealth, or EEC to be handled administratively by those agencies.
- Consolidations are cases that are merged with already-open BSI cases following a subsequent referral.
- 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.
- Administrative closings are cases that are completed without an overpayment calculation due to various factors (the subject is deceased, the subject moved and BSI was unable to locate them, BSI error, etc.).
- 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.
- Continuances 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), but they will not be subject to conviction following a probationary period.

¹¹ Pending DTA's administrative process, these cases may be deemed intentional program violations or unintentional program violations.

- 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 for a potential audit or another state agency for further action.

During FY24, BSI closed 5,643¹² cases and categorized them under the following disposition codes:

Figure 3. Summary of Closed Cases for FY24



¹² This reflects the total number of cases BSI closed with a final disposition during FY24; BSI completed 5,704 investigations during FY24, some of which are still pending a fraud calculation or final disposition as of drafting this report.

FISCAL YEAR 2024 SUMMARY BY UNIT

Central Processing Unit

CPU received 3,155 new referrals for investigation in FY24 and processed, analyzed, and reviewed 6,534 referrals from the following sources.

Table 2. FY24 CPU Referral Sources

Source	Number of Referrals	Percentage of Total*
DTA	4,998	76.5%
Hotline	1,457	22.3%
MassHealth	35	0.5%
PCA Task Force	35	0.5%
Task Force	8	0.1%
Law Enforcement	1	0.02%

* Percentages do not total 100% because of rounding.

The following is a breakdown of the public assistance programs involved in the 6,534 analyzed referrals.

Table 3. FY24 CPU Caseload by Public Assistance Program

Type	Number of Cases	Percentage of Total*
Supplemental Nutrition Assistance Program	5,416	82.9%
MassHealth	513	7.9%
Transitional Aid to Families with Dependent Children	380	5.8%
Emergency Aid to the Elderly, Disabled and Children	106	1.6%
Other	59	0.9%
Merge Case ¹³	42	0.6%
Personal Care Attendant	16	0.2%
EEC	2	0.03%

* Percentages do not total 100% because of rounding.

CPU team members identified 3,102 referrals as potential IPV cases, where BSI determined that a fraud allegation had merit but returned the case to the DTA for further action based on the evidence. Typical agency actions include civil recovery, disqualification, and recalculation of benefits. Additionally, CPU

¹³ Merge cases occur when BSI receives a separate allegation on a subject that is already under investigation and the new allegation is merged into the existing case for investigative and administrative purposes.

closed or merged 1,827 referrals administratively where no fraud was determined after completing preliminary investigations. CPU designated 1,605 referrals for active investigation. CPU team members continued to carry a small caseload individually, in addition to the work described above, completing 83 investigations within the unit.

In FY24, CPU hired a new fraud examiner, expanding the team to six (6) employees. The team now consists of an assistant director, a program matter subject expert, two (2) senior fraud examiners, a fraud examiner, and a staff analyst/specialist. The new team member was trained and onboarded to support CPU's day-to-day operations. In addition, CPU members assisted in onboarding nine (9) other new BSI employees and two (2) BSI interns during FY24.

CPU team members are in direct contact with the public and stakeholders. CPU handles referral intake calls and manages the online referral process. These types of referrals are categorized as hotline referrals. In FY24, CPU completed the intake process for 1,404¹⁴ hotline referrals. Additionally, the CPU team regularly assists members of the public and guides them to the appropriate agency to handle their requests.

CPU also communicates and collaborates as a team to assist examiners during their investigations. As a team, CPU uses various technical resources to stay current with guidelines and to verify allegations received. As a result, CPU continuously updated examiners throughout FY24 regarding any changes to the policy/income guidelines in connection with the public benefit programs and other guidance from our stakeholders.

Fraud Investigations Unit

The Fraud Investigations Unit (FIU) consists of a special investigator, seven fraud examiners, and one senior fraud examiner, all under the supervision of an assistant director and three supervising fraud examiners.

FIU completed 650 cases in FY24, which contributed to identifying fraud totaling \$6,913,203 in 485 cases. The breakdown of identified fraud by public benefit program in FY24 is as follows:

- \$4,629,006 for Supplemental Nutrition Assistance Program (SNAP) investigations (67%)

14 A fraud referral to BSI could initiate an active investigation that involves more than one benefit program and require CPU to analyze information in more than one benefit program. When this occurs, BSI opens a case and adds an allegation for each benefit program impacted by the alleged fraud. This impacts BSI's reporting, as our metrics typically focus on the completion and closure of cases, rather than individual allegations within cases. CPU received 1,404 hotline referrals and created 1,361 new active investigations.

-
- \$1,543,079 for MassHealth investigations (22.3%)
 - \$358,026 for Transitional Aid to Families with Dependent Children (TAFDC) investigations (5.2%)
 - \$265,413 for EEC investigations (3.8%)
 - \$82,099 for Emergency Aid to the Elderly, Disabled and Children (EAEDC) investigations (1.2%)
 - \$35,578 for Personal Care Attendant (PCA) investigations (0.5%)

During FY24, FIU completed 18 civil recoveries, totaling \$447,605 in fraudulent overpayments. The BSI civil recovery process includes the reporting examiner initiating contact with the subject, scheduling a meeting with the subject either in person or virtually, and ultimately reaching a repayment agreement to recover the overpaid benefits. Subsequently, signed documents are sent to the respective benefit agencies to begin the collection process.¹⁵

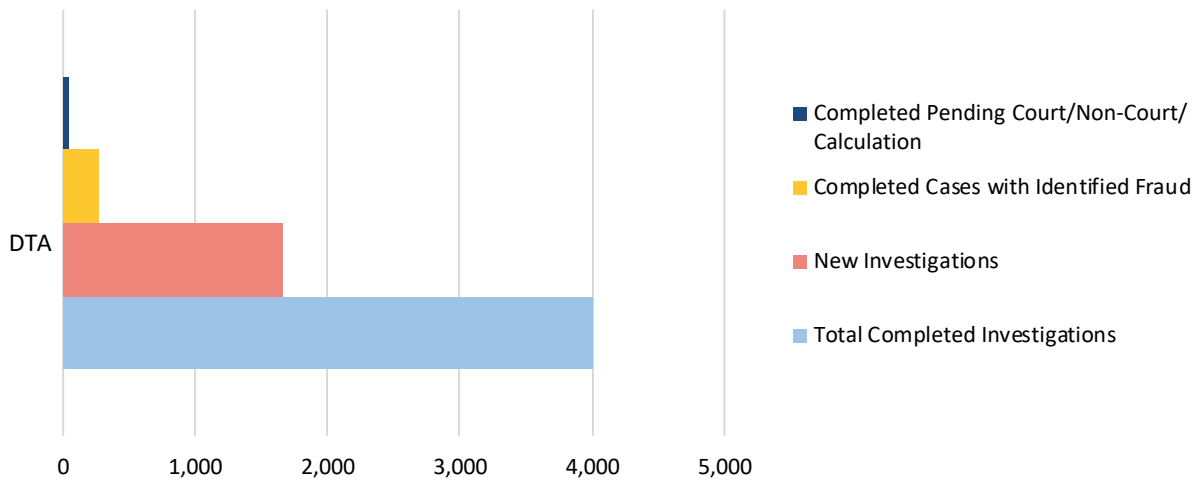
BSI continued to follow the federal directive from the Centers for Medicare and Medicaid Services,¹⁶ which prohibits MassHealth from collecting overpayments from its members. Completed MassHealth investigations with financials (overpayments attributed to member benefit fraud) are returned to the agency for their records. This does not impact BSI's investigative collaboration with MassHealth and AGO in the PCA Task Force (PCA TF) on PCA fraud-related cases. TF examiners provide investigatory support for active PCA TF cases in addition to handling a regular caseload of other benefit fraud investigations.

During FY24, FIU had three hiring rounds, adding seven (7) fraud examiners to the team. All new hires receive a two-week onboarding training held both virtually and in person. Training sessions were hosted by various members of BSI, allowing for interaction with all staff members. Current BSI members continually update onboarding materials to include current information and best practices. The onboarding agenda consists of multiple PowerPoints, job aids, videos, and templates. All onboarding materials are stored in the public drive for continuous access; they remain valuable guides for reference.

¹⁵ Please note that BSI does not collect settlement payments of any kind; the individual benefit programs are responsible for collection activities related to BSI cases settled through civil recoupment or criminal prosecution. BSI is unable to report on monthly collections or circumstances that produce shortfalls in collections. Restitution settlements are ongoing and continue beyond the issuance of this report. While this report informs the public of what we have found to date, benefit programs require time to implement and manage collections.

¹⁶ In May 2023, BSI was notified that a directive from the Centers for Medicare and Medicaid Services prohibited MassHealth from collecting overpayments from its members. Since then, BSI has halted all civil recoveries in the MassHealth program and continues to return all completed investigations to the agency.

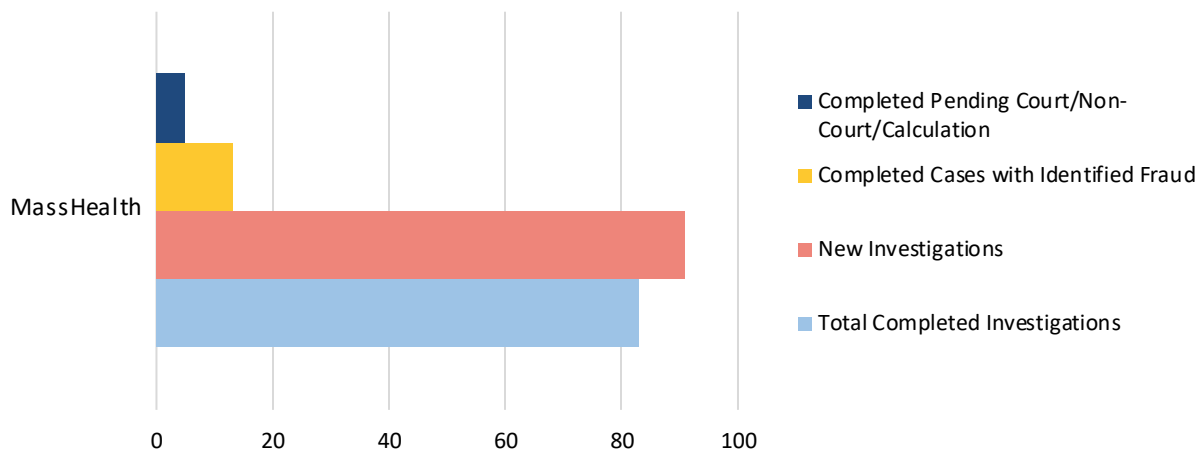
Figure 4. FY24 DTA Caseload



Note: BSI's DTA caseload for FY24 included SNAP, TAFDC, and EAEDC cases.

During FY24, FIU's caseload featured case assignments from referrals generated through the PCA High Earner project. The consistent finding in these cases with identified fraud is that DTA cash and SNAP benefit recipients failed to report their receipt of PCA income to DTA. Completed PCA cases with identified fraud were returned to DTA as IPVs for their administrative process and overpayment recovery. BSI civilly recovered \$215,101 in public benefits issued to PCAs who failed to report their PCA income to DTA.

Figure 5. FY24 MassHealth Caseload

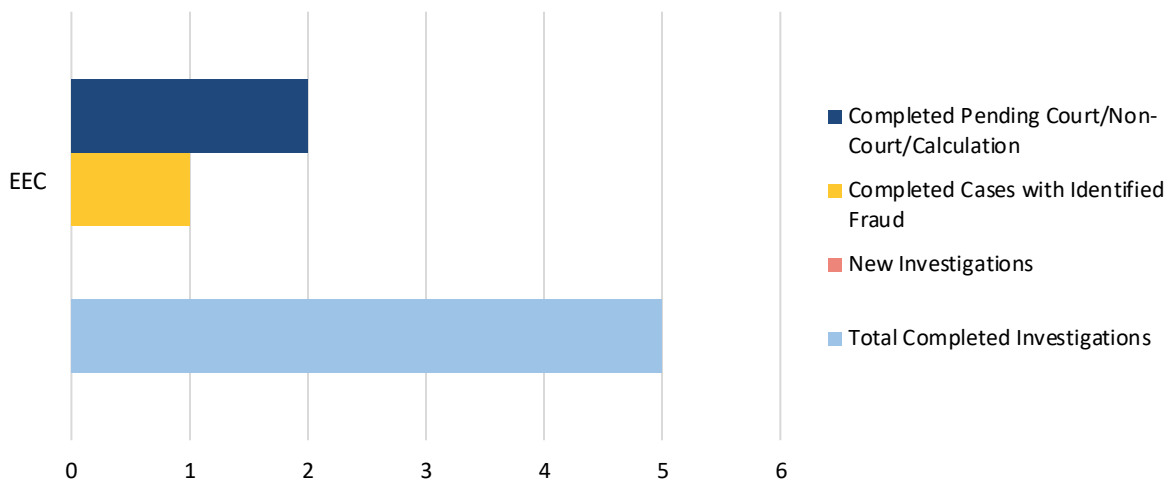


Note: BSI's MassHealth caseload for FY24 included member health benefits and PCA cases.

During FY24, BSI case assignments included a variety of member-benefit and PCA fraud cases. BSI and AGO worked to improve the referral intake and review process for joint investigations of PCA fraud-related cases. In PCA investigations, we make determinations regarding allegations of billing for services not provided, which often involves verifying outside employment that would hinder or interfere with a PCA's ability to perform PCA duties.

BSI also investigated whether PCAs who received other public benefits accurately reported their earned income to these public benefits programs. These investigations identified PCAs who failed to report their PCA income and were overpaid for other public benefits.

Figure 6. FY24 EEC Caseload



Lastly, FIU completed five EEC investigations and identified \$284,677 in fraud. Because individuals suspected of defrauding EEC often also receive other forms of public assistance, BSI routinely checks whether they receive other public assistance benefits, and verifies particularly, their reporting of household income and composition to other agencies. These supplemental investigations often discover additional errors or fraud in DTA and MassHealth public benefit programs.

As part of BSI’s expanding working relationship with EEC, BSI examiners participate in EEC’s administrative hearings under the Informal Fair Hearings Rules provided by Section 10.11 of Title 606 of the Code of Massachusetts Regulations. The EEC administrative hearing provides BSI examiners the opportunity to explain their investigations and findings to EEC review officers.

Data Analytics Unit

BSI's DAU generated 1,196 referrals for CPU analysis in FY24. In the majority of these referrals, CPU found that PCAs failed to accurately disclose their income to DTA and MassHealth as required while receiving public benefits.

DAU also identified and generated referrals for seven MassHealth providers. The analysis focused on improper billing associated with a variety of dental services. Other analyses conducted by DAU in FY24 focused on vision care services, home health agency services, PCA services, durable medical equipment, laboratory, and behavioral health services. DAU also continued to receive referrals from BSI's Public Assistance Fraud Hotline. During FY24, DAU received and analyzed 10 provider referrals made through the hotline, some of which are currently ongoing.

DAU continued the development of its Analytical Support Services. DAU's Analytical Support Services allow BSI examiners to choose from a suite of services designed to aid in the completion of data analysis tasks associated with their investigations. Some of these services include the creation of visualizations (maps, timelines, charts, graphs, etc.) for presentation in court and other settings; custom findings reports for the analysis of financial, healthcare, and other relevant data; network and social analysis; technical training; and Optical Character Recognition (OCR) services. In FY24, DAU received, processed, and completed five Analytical Support Services requests. Among the services provided, highlights included processing bank records through OCR and analyzing the output, processing activity log records through OCR and analyzing the results, creating visualizations from various data sources, analyzing financial records and electronic benefits transactions (EBT), and providing training assistance to other units. By collaborating with examiners and completing these requests, DAU streamlined investigations by automating otherwise manual processes and summarizing vast amounts of information into a more easily digestible format.

During FY24, DAU remained focused on the overall development of its OCR and spatial analysis capabilities and the expansion of their respective use cases. DAU continued making strides in automating the processing of certain investigatory documents using OCR. Building on the work completed in FY23, which included the successful automated processing of financial records related to eight different bank account types from various financial institutions, DAU successfully processed records associated with these institutions using this new capability. These financial records only pertain to BSI's public benefit fraud investigations.

Additionally, DAU continued to make headway related to the automated processing of tax documents. The Department of Revenue Form 1 summary, which DAU developed last fiscal year and passed multiple quality checks and a proof-of-concept stage, became production-ready in FY24. Similarly, the summary of healthcare information, known as Schedule HC, also became production-ready across multiple tax formats. These advancements are critical to improving the efficiency and effectiveness of our work by automating BSI's tax transcription process during fraud investigations.¹⁷ DAU's also made progress related to the automated processing of PCA timesheets during FY24. DAU now processes the timesheets for one Fiscal Intermediary (FI),¹⁸ Tempus,¹⁹ regularly without issue. This supported further advancement of our ongoing work related to mapping and visualizing the travel records of PCAs and other Medicaid providers, including spatial analysis.

DAU's continued efforts to enhance and further develop the Analytical Support Services program have expedited the investigative process and streamlined certain operational functions within BSI. By utilizing these services, examiners and other units within BSI have decreased investigatory time by reducing or eliminating manual processes. Additionally, these services provide BSI additional options in how information is processed, summarized, and presented during the investigative process.

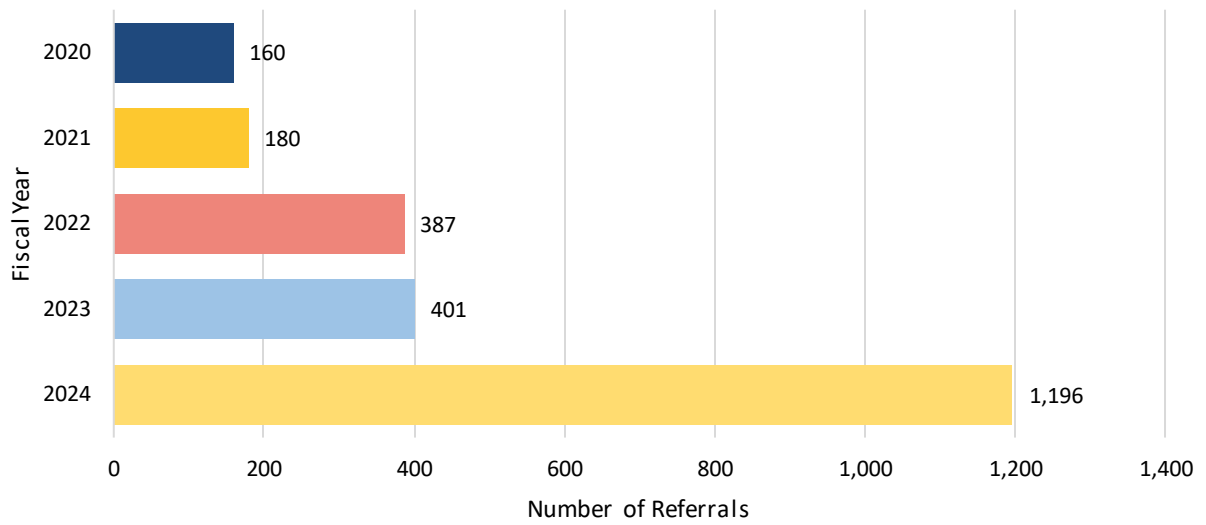
DAU continues to support multiple state and federal partners through joint investigative work, in addition to accepting referrals for investigation and creating and sending referrals to the appropriate entities. For example, DAU is collaborating with federal partners, including the federal Office of the Inspector General for Health and Human Services on an ongoing analysis related to services provided within both the Medicaid and Medicare programs.

17 BSI employs several robust tools to ensure the protection and privacy of this information and to ensure it is not accessed by or released to unauthorized parties.

18 The federal government contracts private insurance companies—FIs—to administer its programs and process its payments.

19 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 and Human Services—Office of Medicaid (MassHealth PCA FI Program).

Figure 7. FY Totals for DAU-Generated Referrals



Other BSI News

During FY24, BSI's training team, comprising staff members from all units, continued identifying staff training needs; created informative and engaging training, presentations, and job aides; and effectively led training sessions for all BSI staff members. The training team continues to refresh BSI's training content—which consists of multiple presentations, job aids, and learning templates—to reflect up-to-date federal poverty limits and any updated benefit program information. Onboarding materials serve as useful guides and remain available for all BSI staff members to reference.

The training team also assisted with a considerable update and redraft of BSI's Policy Manual, the first since 2012. In addition to aligning the manual with BSI's current investigatory process, commonly used terms, applications, and systems were updated, and reporting requirements are now included.

BSI initiated 19 repayment agreements and disqualification consent agreements (DCAs), totaling \$478,731, during FY24. DCAs are agreements that subjects voluntarily sign to disqualify themselves from receiving further DTA and/or EEC benefits for a specific period of time because of IPVs. When pursuing civil recovery for DTA and EEC cases, DCAs are required as part of the civil recovery agreement.

BSI's new case management system (CMS) project worked through its final phase, Phase III, during FY24. The new CMS is a platform where all staff members can access a full case file without physically requesting information from the assigned examiner. The CMS has enhanced the process by which BSI employees 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 ability to push the "Enter" button to navigate information searches within the CMS has greatly improved the user experience. Another upgrade completed during Phase III was the addition of subfolders in the "Documents" tab, allowing examiners to organize their files more efficiently within a case. While Phase III is wrapped up, BSI continues to consider other system improvements that may enhance user-friendliness, efficiency, and satisfaction. Potential system improvements include the ability to bulk fast-track from certain workflows, fast-tracking to the assignment queue instead of a specific examiner or assistant director, and a separate tab/list for cases in calculation status.

NOTABLE BSI ACTIVITY

Lynn Woman Pleads Guilty to Welfare Fraud.

On April 2, 2024, a Lynn woman pleaded guilty to fraudulently receiving MassHealth, TAFDC, SNAP, and EEC childcare benefits in Essex Superior Court. The woman pleaded guilty to one count of larceny, one count of making false statements for medical assistance, and six counts of public assistance fraud. Over approximately 12 years, the woman allegedly stole \$30,246.86 in TAFDC benefits, \$38,967.14 in MassHealth benefits, \$42,887.36 in SNAP benefits, and \$80,832.44 in EEC childcare benefits (\$192,933.80 in total) by falsely claiming she lived alone when, in fact, she was living with her husband, who was also the father of her children. It is alleged that she falsely informed EEC about her household composition after applying for benefits in 2000 and that she did the same with DTA and MassHealth. Had she disclosed she was living with her children's father and receiving additional earned income, she would not have been eligible for these benefits. After pleading guilty to all counts, by agreement, the woman was sentenced to two years in the House of Corrections and three years of probation on just one count, the larceny. Restitution was not ordered because of her financial circumstances and all fees were waived.

Chelsea Man Admits to Welfare Fraud.

On September 22, 2023, a Chelsea man admitted to fraudulently receiving TAFDC and SNAP benefits in Boston Municipal Court. The man admitted to sufficient facts on one count of larceny and eight counts of public assistance fraud. The man allegedly collected \$15,646 in SNAP benefits and \$8,946.09 in TAFDC benefits between December 2009 and November 2016 by failing to truthfully report he was receiving benefits under two different Social Security numbers, dates of birth, and addresses. By agreement, and following his admission, the matter was continued without a finding, and no restitution was ordered.

Ohio Man Sentenced for Welfare Fraud Scheme that Touched 14 States.

On October 31, 2023, an Ohio man was sentenced in the US District Court for the Southern District of Ohio in Dayton, Ohio, for conspiring to illegally prepare and submit false SNAP benefit applications to various states' social welfare agencies. From June 2011 through approximately April 2022, the man, and other individuals, submitted false SNAP benefit applications to social welfare agencies in Ohio, Oregon, Washington, Arizona, Hawaii, Illinois, Oklahoma, Massachusetts, Nevada, Pennsylvania, Texas, North Carolina, and California. Most of these applications contained false, fraudulent, and/or stolen personal identification information of third parties.

In July 2021, participating agencies from the Southern District of Ohio Financial Crimes Task Force began investigating the man after the United States Department of Agriculture’s Office of the Inspector General (USDA-OIG) in Cincinnati, Ohio, was contacted by the USDA-OIG in Portland, Oregon, concerning a SNAP EBT fraud case they were working in conjunction with officials from the Oregon Department of Human Services (DHS). Their investigation identified the prime suspect in the fraud case as an Ohio resident linked to numerous fraudulent SNAP benefit applications submitted to both Oregon and Washington State DHS over several years.

The man was arrested on April 12, 2022, following the execution of search warrants at a business, three residences, and a 2010 Mercedes-Benz S550. On June 30, 2022, he and three others were formally charged in a multi-count indictment through a federal grand jury in the Southern District of Ohio. His indictment included 23 criminal counts, including SNAP fraud, conspiracy, wire fraud, theft of US government property, access device fraud, supplemental security income fraud, and aggravated identity theft. He was convicted on five counts: felon in possession of a firearm, conspiracy, wire fraud, theft of government property, Social Security fraud, and aggravated identity theft. He was sentenced to 120 months (10 years) of incarceration, five years of supervised release, restitution of \$707,992, and was ordered to forfeit his Mercedes-Benz automobile.

BSI Participation in Document and Benefit Fraud Task Force Continues.

BSI received 21 referrals in FY24 as an active member of the US Attorney’s Public Assistance Fraud Task Force. 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 suspects who allegedly obtained stolen identities of US citizens 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 FY24, BSI completed 20 task force investigations and identified fraud in 17 cases, totaling \$581,064. BSI’s assistance during these investigations included making information requests, conducting interviews

and other investigatory fieldwork, submitting overpayment calculation requests, and testifying in the grand jury or court when needed.

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.