



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

DEVAL L. PATRICK
Governor

JOHN W. POLANOWICZ
Secretary

TIMOTHY P. MURRAY
Lieutenant Governor

STACEY MONAHAN
Interim Commissioner

Operations Memo 2013-5
February 13, 2013

To: Department of Transitional Assistance Staff

From: Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

Re: TAFDC, EAEDC and SNAP – BEACON Matches Functionality Change

Overview

Effective with BEACON Build 45.3, scheduled for February 19th, a functionality change has been developed for BEACON matches. When making a referral to the Fraud and Overpayment Referral Screening (FORS) Unit, case managers will no longer have to enter the AR workflow to complete the fraud/overpayment referral. They will have the ability to click the newly created Referral check-box on the AU Details page.

This Operations Memo provides DTA staff with the new Matches functionality change as well as procedures for making fraud/overpayment referrals.

Accessing Matches

To access a match:

- click the Match History tab on the ECF home page;
 - from the Match group drop-down box, select the match to disposition (for example DOR New Hire Match);
-

**Accessing
Matches
(continued)**

- click Search if the match type is not known or from the Discrepancy type drop-down box select the match type;
 - from the select list, click the match to be dispositioned; and
 - click the Information icon under the AU Details column of the Match Response field.
-

**Matches
Functionality
Change: AU
Details Page**

A *Referral* check-box has been added to the AU Details page. Clicking on this check-box automatically creates and sends a fraud/ overpayment referral to FORS (BEACON refers to them as FIRS) based on client information on BEACON.

Note: Clicking on the check-box will create a fraud/overpayment referral for any category of assistance the client is receiving. There is no need to create a fraud/overpayment referral for each category. FORS will determine the follow-up to the fraud/overpayment referral.

Information about why the fraud/overpayment referral was made must be entered in the *Comment* section (a pop-up message will appear informing DTA staff that a message must be entered before leaving the page). The message entered in the *Comment* section will appear on the fraud/overpayment referral as well as the Narrative tab on the client's case.

When entering information in the *Comment* section, DTA staff must ensure that the reason for the fraud/overpayment referral is clearly stated:

Example 1: Mary Smith's EAEDC client appears on the New Employer match. The client did not report starting this job. Following instructions in this Operations Memo, Mary Smith goes to the AU Details page, clicks *Referral* and in the *Comment* section enters: "Client started job on xx/xx/xx. As of the present date, this information was not reported by the client."

**Matches
Functionality
Change: AU
Details Page**

Example 2: Ed Brown’s TAFDC/SNAP client appears on the Unemployment Compensation Increased match. Ed Brown knew the client was receiving unemployment, but did not know that the unemployment amount had increased. Following instructions in this Operations Memo, Ed Brown goes to the AU Details page, clicks *Referral* and in the *Comment* section enters: “Client’s unemployment compensation increased on xx/xx/xx. As of the present date, this information was not reported by the client.”

Reminder: In these two examples, the case manager must send out a VC-1 requesting the eligibility information and process the cases following procedures in Operations Memo 2012-17. If the client cannot refute the information or does not return the information within 10 days, a fraud referral must be made. If the client successfully refutes the information, no fraud referral is made.

**Criteria for
Making Fraud/
Overpayment
Referrals**

A fraud/overpayment referral must be made when:

- information is presented that suggests an applicant or client has made an intentional misstatement to receive a benefit from the Department;
- a client has received an overpayment that was not caused by either Department error or the continuation of payments pending a fair hearing;
- a case involves inconsistent or contradictory information concerning current eligibility that cannot be resolved through collateral contact or other additional verifications; or
- information from a computer match or another outside source indicates that an overpayment may have been made.

For more information on fraud and overpayments, see 106 CMR 706.220.

Questions

If you have any questions please have your Hotline designee call the Policy Hotline.
