



NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
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Andrew M. Cuomo
Governor

Kristin M. Proud
Commissioner

Local Commissioners Memorandum

Section 1

Transmittal:	14-LCM-08
To:	Local District Commissioners
Issuing Division/Office :	Audit & Quality Improvement
Date:	June 9, 2014
Subject:	Quarterly Fraud Report
Contact Person(s):	Judy lemma (518) 402-0118 or Judy.lemma@otda.ny.gov Rebecca Lynch (518) 402-0013 or Rebecca.Lynch@otda.ny.gov
Attachments:	Attachment 1 - Quarterly Fraud Report Submission Form Attachment 2 - Quarterly Fraud Report Instructions
Attachment Available On – Line:	Yes

Section 2

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to instruct each local Social Services District (SSD) to submit the updated version of the Quarterly Fraud Report (see Attachment 1) to Audit & Quality Improvement – Program Integrity on a quarterly basis.

II. Background

Pursuant to 7 CFR 272.2(c)(1)(ii), OTDA is required to submit an annual Program and Budget Summary Statement (Form FNS-366B) to the U.S. Department of Agriculture – Food and Nutrition Service. In order to populate this form, data must be collected from the local SSDs regarding Temporary Assistance (TA) and Supplemental Nutrition Assistance Program (SNAP) fraud investigations and prosecutions. State regulation 18 NYCRR 348.6 allows for the collection of such data.

The Quarterly Fraud Report is intended to gather this information for the above federal reporting purpose for a specific quarterly reporting period and should only identify action that occurred during the reporting period. It should reflect the activity of cases in which there is suspicion of an act of intentional program violation (IPV).

Although the report is designed to collect aggregate data, all records associated with the fraud investigations must be maintained by the local SSD, as stated in 18 NYCRR 348.5.

III. Program Implications

Each SSD is required to submit the updated Quarterly Fraud Report to Program Integrity no later than the last day of the month following the end of each quarter.

<u>Quarter</u>	<u>Due Date</u>
January – March	April 30
April – June	July 31
July – September	October 31
October – December	January 31

Attachment 1 is the new format for the report, which reflects the information needed for the federal FNS-366B report. The goal is to have all districts use the Recipient Fraud Matching System (RFMS) to submit the Quarterly Fraud Report. Since this process is currently in development, the interim process will be as stated below. Once A&QI has completed the transition to RFMS, district contacts will be notified.

All reports must be completed electronically using the attached Quarterly Fraud Report Submission form and submitted through email to Judy lemma (Judy.lemma@otda.ny.gov).

The submitted reports must adhere to the following naming convention: YYYYMM_CC.xlsx (where YYYY is the four-digit year, MM is the two-digit last month of the quarter, and CC is the two-digit WMS County Code).

The form and instructions to complete the form are attached.

Issued By

Name: Kevin Kehmna

Title: Director

Division/Office: Audit & Quality Improvement