

HOUSE No. 02686

The Commonwealth of Massachusetts

PRESENTED BY:

Daniel Winslow

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act to reduce fraud in the delivery of state benefits based on income eligibility.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Daniel Winslow</i>	<i>9th Norfolk</i>
<i>Sheila Harrington</i>	<i>1st Middlesex</i>
<i>Robert L. Hedlund</i>	<i>Plymouth and Norfolk</i>
<i>Steven Howitt</i>	<i>4th Bristol</i>
<i>Randy Hunt</i>	<i>5th Barnstable</i>
<i>Steven L. Levy</i>	<i>4th Middlesex</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>
<i>Daniel K. Webster</i>	<i>6th Plymouth</i>

HOUSE No. 02686

By Mr. Winslow of Norfolk, a petition (accompanied by bill, House, No. 2686) of Webster and others for legislation to require recipients of state benefits to complete an expenditure verification questionnaire Joint Committee on Children, Families and Persons with Disabilities.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act to reduce fraud in the delivery of state benefits based on income eligibility.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 7 of the General Laws, as appearing in the 2010 Official Edition, is
2 amended by adding the following new section at the end thereof:-

3 Section 62. State Benefits Fraud Prevention Pilot Program

4 (a) All persons applying or reapplying for any state-funded benefits, including grants, goods
5 or services, based on income eligibility shall be required to complete and submit to the
6 department or agency to which such application is made an Expenditure Verification
7 Questionnaire substantially in the form included at Chapter 7 Appendix 2-1, in addition to any
8 other eligibility application or submission required by said department or agency.

9 (b) Any person who responds in the affirmative on the Expenditure Verification
10 Questionnaire shall be subject to review and audit by the agency or the state auditor, or both, to
11 determine actual eligibility for such benefits based on all assets, savings and income from any

12 source. Upon receipt of any Expenditure Verification Questionnaire with affirmative response,
13 the department or agency shall forward one copy of the questionnaire to the division within such
14 department or agency that is responsible for verifying eligibility criteria for further review, one
15 copy of the questionnaire to the state auditor, and one copy of the questionnaire to the Executive
16 Office of Administration and Finance. For ease of analysis, the data within such questionnaires
17 may be forwarded rather than the questionnaires.

18 (c) Upon completion of such review and audit, any person found to have sufficient income,
19 savings and assets as no longer to meet the income eligibility standards for benefits shall be
20 terminated from such benefit program and no further state funds shall be expended for that
21 purpose. Any such person may reapply for benefits upon a showing that they subsequently have
22 become income eligible after consideration of income from any source. Any person who
23 materially falsely represented their income, savings and assets on the questionnaire, as
24 determined by the Executive Office of Administration and Finance or the state auditor, and is
25 found to have sufficient income, savings and assets as no longer to meet the income eligibility
26 standards for benefits shall be terminated from such benefit program, shall be liable to the
27 Commonwealth for reimbursement of all benefits wrongly received as well as the cost of
28 collecting such reimbursement, and shall be foreclosed from reapplying for any benefits for a
29 period of one year, except nothing in this section shall preclude payment of benefits otherwise
30 eligible for the care and support of children age 17 or under.

31 (d) Notwithstanding any special or general law to the contrary, the Executive Office of
32 Administration and Finance may contract with collection counsel on a contingent fee basis up to
33 30 percent of monies collected for review of questionnaire compliance and claims for
34 reimbursement for the receipt of benefits for which the applicant was in fact ineligible.

35 Section 2. Appendix to Chapter 7, as appearing in the 2010 Official Edition, shall be
36 amended by inserting at the end thereof the following new section:-

37 Section 2-1. Expenditure Verification Questionnaire

38 The following questions must be answered completely and accurately to assure the
39 applicant is eligible for benefits. Failure to answer truthfully will result in loss of benefits.

40 Name:

41 Address: Street/PO Box/City/Town/ZIP Code

42 Landlord/Owner of the Address Where You Live: Name/Address/City/Town, Telephone

43 Number

44 Telephone Number:

45 Cellphone Number:

46 Pager Number:

47 Email Address:

48 Do you own any real estate (including buildings, condos, land) in Massachusetts or elsewhere?

49 Yes/No.

50 If yes, what is the location/street address/city/town of each such property?

51 Do you own or lease any motor vehicles less than 5 years old? Yes/No.

52 If yes, describe the make, model, year, mileage and estimated value of such vehicle.

53 Do you own or lease more than one motor vehicle? Yes/No

54 If yes, list each vehicle by make, model, year, mileage and estimated value of each
55 vehicle.

56 Do you own any boat (excluding commercial fishing vessel for employment purposes),
57 snowmobile, recreational vehicle (excluding trailer/RV in which you reside)? Yes/No

58 If yes, describe each such item by year, type, manufacturer and estimated value.

59 Do you have any credit cards in your name with a credit line in excess of \$3,000?

60 If yes, list each credit card by type of card and last four digits of the card and the amount
61 of the balance outstanding on each card.

62 In the past 6 months, have you been criminally charged or arrested for possession of more than
63 an ounce of marijuana, or any amount of any other illegal drug, or for distribution of any illegal
64 drug?

65 If yes, describe the offenses charged and the court where such case was or is pending.

66 I certify under the penalties of perjury that the above answers are true and complete.

67

68

Applicant

69 Date:

70 Disclosure Authorization

71 I hereby authorize the Commonwealth of Massachusetts, its departments and agencies,
72 and any counsel engaged on their behalf to have access to my public records regarding
73 ownership of real property, vehicle use or ownership, boat and recreational vehicle use or
74 ownership, credit history, criminal history for the past 6 months, utility records and such other
75 information that is likely to permit verification of the foregoing information.

76

77

Applicant

78 Section 3. This act shall expire on June 30, 2012 unless otherwise amended or extended by the
79 General Court.