HOUSE DOCKET, NO. 3487 FILED ON: 1/21/2011

HOUSE . . . . . No. 2686

The Commonwealth of Massachusetts

PRESENTED BY:

Daniel B. 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:

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

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Daniel B. Winslow	*9th Norfolk*
Sheila C. Harrington	*1st Middlesex*
Robert L. Hedlund	☐ *[District]* ☐
Steven S. Howitt	*4th Bristol*
Randy Hunt	*5th Barnstable*
Steven L. Levy	*4th Middlesex*
Chris Walsh	*6th Middlesex*
Daniel K. Webster	*6th Plymouth*

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HOUSE . . . . . No. 2686

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

The Commonwealth of Massachusetts

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:

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

Section 62. State Benefits Fraud Prevention Pilot Program

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

(b) Any person who responds in the affirmative on the Expenditure Verification Questionnaire shall be subject to review and audit by the agency or the state auditor, or both, to determine actual eligibility for such benefits based on all assets, savings and income from any source. Upon receipt of any Expenditure Verification Questionnaire with affirmative response, the department or agency shall forward one copy of the questionnaire to the division within such department or agency that is responsible for verifying eligibility criteria for further review, one copy of the questionnaire to the state auditor, and one copy of the questionnaire to the Executive Office of Administration and Finance. For ease of analysis, the data within such questionnaires may be forwarded rather than the questionnaires.

(c) Upon completion of such review and audit, any person found to have sufficient income, savings and assets as no longer to meet the income eligibility standards for benefits shall be terminated from such benefit program and no further state funds shall be expended for that purpose. Any such person may reapply for benefits upon a showing that they subsequently have become income eligible after consideration of income from any source. Any person who 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
32 of Administration and Finance may contract with collection counsel on a contingent fee basis up
33 to 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
49 elsewhere? 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
63 than an ounce of marijuana, or any amount of any other illegal drug, or for distribution of any
64 illegal 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
79 by the General Court.