

OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

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Bureau of Special Investigations Annual Report

Fiscal Year 2025
July 1, 2024 through June 30, 2025



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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 Massachusetts's public benefit programs, which are funded by taxpayer dollars, are available to residents who truly need these critical benefits.

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) (which administers MassHealth, the state's Medicaid program). Although BSI's enabling statute does not grant it direct authority to investigate public benefits administered by the Department of Early Education and Care (EEC), we work with EEC through a memorandum of understanding. When public assistance fraud cases are substantiated by BSI's investigations, the following actions take place: these cases are referred to the appropriate agencies for administrative action, fraudulent overpayments are recovered through civil agreements, individuals found at fault 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 a variety of factors, including the severity of the fraud case, 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 (FIU, formerly the MassHealth/DTA/EEC Unit), and the Data Analytics Unit (DAU). Assistant directors, each of whom reports directly to the director of BSI, head 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.

1. DCF did not administer public assistance funding during this annual report's review period. Because of this, DCF did not fall within the scope of BSI's investigative work for this annual report.

This report, as statutorily required, summarizes BSI's work in fiscal year (FY) 2025 (July 1, 2024 through June 30, 2025).

EXECUTIVE SUMMARY

Public assistance programs administered by DTA, MassHealth, and EEC provide vital social services for the Commonwealth’s most vulnerable residents — children, people with disabilities, individuals and families with low incomes, and people over 65. During FY 2025 (FY25), BSI staff members benefited from the Office of the State Auditor’s expansion to an office located in Lawrence. BSI relies on a variety of technology solutions to bridge the distance between offices, increase accessibility, and effectively complete public benefit fraud investigations. Although BSI can conduct all investigatory tasks in person, most subjects of BSI investigations chose to participate in interviews via videoconference. This 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 FY25, BSI continued to investigate and identify fraud to maintain program integrity and uphold Commonwealth residents’ faith in public assistance programs. BSI’s efforts ensure that public assistance programs operate with transparency, accountability, and equity.

**In FY25, BSI identified
\$11,952,288
in fraud.**

At the start of FY25, BSI updated its quarterly reporting to capture all completed cases that had calculation(s) returned within the quarter. This included cases with pending calculations from previous FYs. While reporting on completed overpayment calculations relies on the assistance of the related benefit programs to process them timely, this updated reporting process provides a more accurate measure of BSI’s quarterly case metrics. This is due to the fact that there are occasions when overpayments are recalculated due to new evidence; the recalculation may occur within a new quarter or FY. BSI quarterly reports continue to include initial overpayment calculations, while BSI annual reports include any recalculated overpayment amounts.²

In FY25, BSI opened 4,513 new investigations and completed 4,179 investigations.³ This report includes a comprehensive breakdown of the fraud identified within each program that BSI investigated.⁴ It is notable

2. When a completed case has an initial overpayment calculation and subsequent recalculation, the overpayment amount is adjusted in BSI’s case management system (CMS) to reflect only the recalculated amount.

3. This number for completed investigations includes investigations opened during both this report’s FY and previous FYs.

4. All reported identified fraud dollar amounts have the cents removed and are rounded down to the nearest dollar.

that 535 cases⁵ (or 12% of all completed cases) were completed with identified fraud and 2,102 cases (or 50% of all completed cases) were completed with no identified fraud. Also notable is that BSI received 638 overpayment calculations⁶ during FY25—an increase of 103 from FY24.

5. This number of completed cases with identified fraud reflects all the completed cases with a calculated overpayment of a specific public benefit. These cases may or may not have a disposition as investigations are completed. This means that these cases may not be closed as of this report's drafting. Note that BSI uses different disposition codes to categorize closed investigations with identified fraud.

6. This number of overpayment calculations received during this annual report's FY reflects (1) all the cases with overpayment calculations received within the FY and (2) cases that may have been completed during a previous FY but were still pending overpayment calculations during the current FY.

BUREAU OF SPECIAL INVESTIGATIONS YEAR IN REVIEW

BSI By the Numbers

3,890 BSI cases at the start of FY25

+

4,513 new investigations

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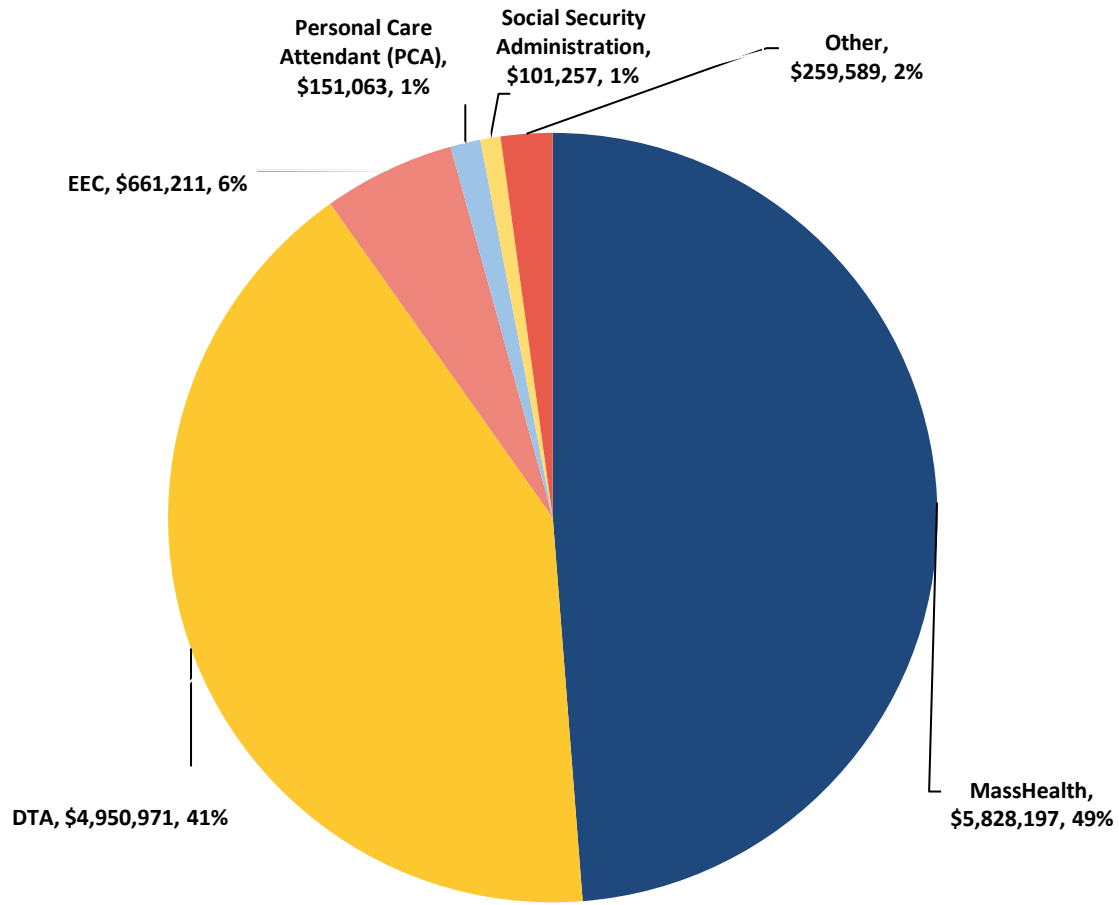
4,179 completed investigations, of which, 535 completed investigations were with identified fraud

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4,224 BSI cases at the start of FY26

**Figure 1. Fraud Dollars Identified for FY25,
by Public Benefit Program***

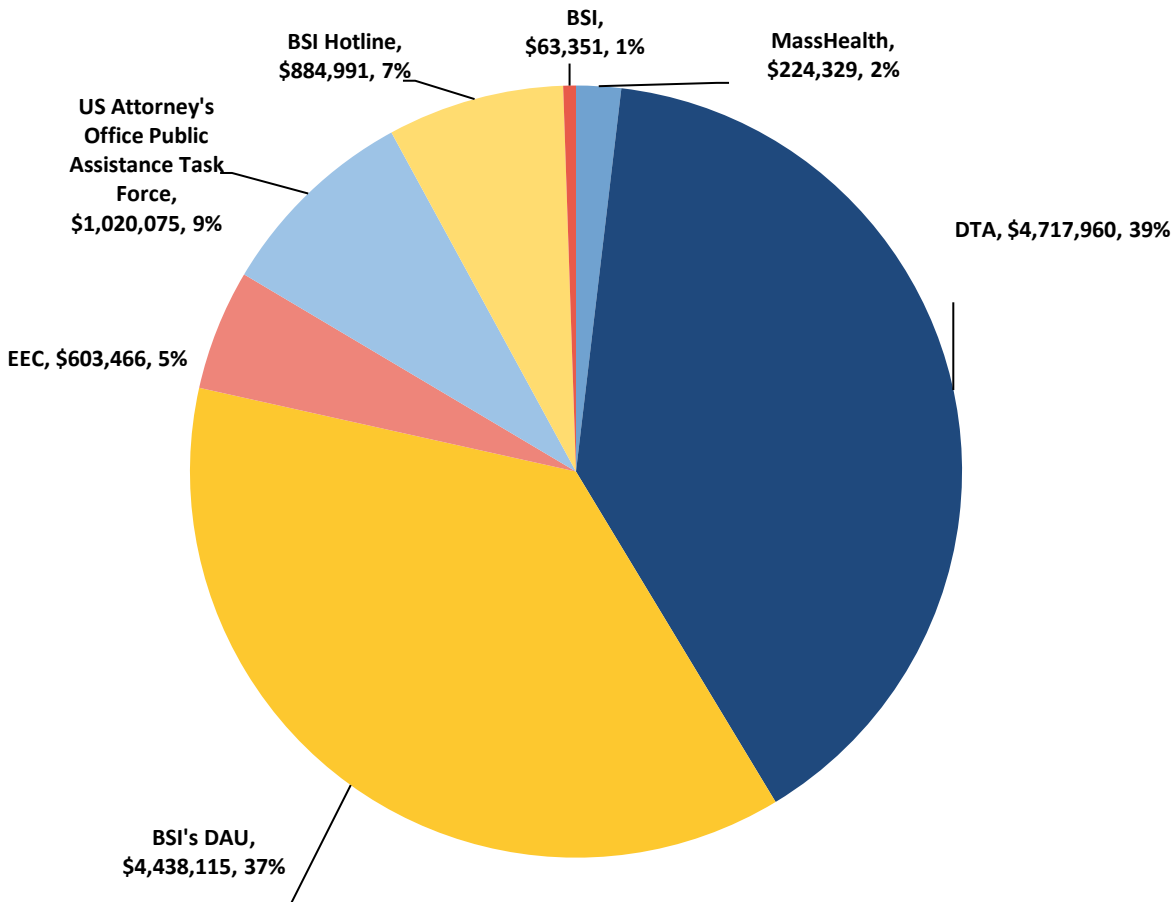
Total Fraud Identified: \$11,952,288



* The numbers in this figure have been rounded down to the nearest dollar for presentation purposes.

**Figure 2. Fraud Dollars Identified for FY25,
by Referral Source***

Total Fraud Identified: \$11,952,287



* The numbers in this figure have been rounded down to the nearest dollar for presentation purposes. The totals in Figures 1 and 2 do not match due to rounding.

Table 1. Cases for FY25, by Referral Source

Cases	BSI	EEC	DAU	MassHealth	DTA	BSI Hotline	Law Enforcement	PCA Task Force*	Task Force	Other	Total
Beginning Balance	5	4	355	223	2,597	577	3	48	59	19	<u>3,890</u>
New Investigations	28	0	1,009**	26	2,152	1,200	0	78	20	0	<u>4,513</u>
Total Completed Investigations	<u>29</u>	<u>1</u>	<u>637</u>	<u>91</u>	<u>2,192</u>	<u>1,184</u>	<u>1</u>	<u>25</u>	<u>18</u>	<u>1</u>	<u>4,179</u>
Closed with No Fraud	4	1	333	75	720	937	0	25	7	0	<u>2,102</u>
Closed with Identified Fraud	3	0	53	8	320	37	0	0	2	0	<u>423</u> ⁷
Closed as Potential Intentional Program Violation	0	0	228	2	921	177	1	0	0	0	<u>1,329</u>
Completed; Pending Court/Non-Court/Calculation⁸	22	0	23	6	231	33	0	0	9	1	<u>325</u> ⁹

* PCA refers to MassHealth overpayments for PCA services. Member healthcare benefit overpayments are referred to as Medicaid.

** DUA generated 1,196 referrals in FY24, which CPU processed in BSI's CMS in FY25. A total of 1,011 new allegations were created from these referrals, of which, 1,009 were opened as new investigations and 2 were merged with already existing investigations.

⁷ Of the 535 cases completed with identified fraud during FY25, 423 cases were closed with a final disposition that signify identified fraud.

⁸ Completed; Pending Court/Non-Court/Calculation cases include calculated cases that are pending court/non-court outcomes and cases that are pending fraud calculation(s) from the referral source(s).

⁹ This number indicates cases without a disposition or financial type (which is the calculated overpayment of a specific public benefit) because they are pending court/non-court/calculation as of this report's drafting.

Closed Cases with Identified Fraud, by Disposition

BSI investigations may result in a referral for prosecution, a civil recovery, or a referral for further action. Cases referred for prosecution are those for which BSI files a criminal complaint against the subject(s) or refers the case to a district attorney's office, the Attorney General's Office, or the US Attorney's Office.

All investigations completed and closed by BSI are considered closed cases, either with or without identified fraud. Closed cases are cases that have been adjudicated completely, for which BSI does not pursue any further action.

BSI uses different disposition codes to categorize closed cases with identified fraud. The various disposition codes are as follows:

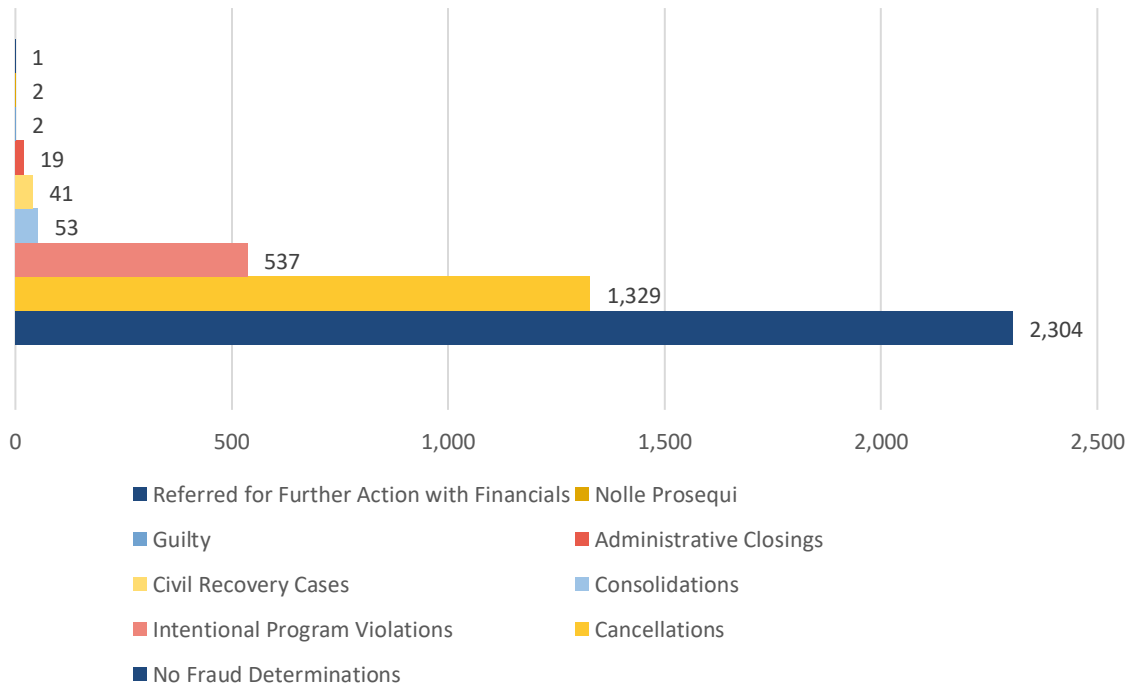
- Cancellations are cases that are recommended for return to DTA because the preliminary investigation did not develop sufficient evidence to warrant further BSI investigation.⁷
- No Fraud Determinations are cases for which the allegation of fraud cannot be substantiated following an investigation.
- Intentional Program Violations (IPVs) are cases that are returned to DTA, MassHealth, or EEC to be handled by those agencies.
- Consolidations are cases that are merged with already-open BSI cases following an additional referral.
- Civil Recovery Cases are cases that 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 (e.g., the subject is deceased, the subject moved and BSI was unable to locate them, or BSI error).
- Guilty are cases with identified fraud that were referred for prosecution and for which the subject has either pleaded guilty or received a guilty verdict after a bench or jury trial.
- Nolle Prosequi are cases with identified fraud that were referred for prosecution and for which prosecution was declined by a district attorney after filing charges before a verdict was rendered.

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

- Refer for Further Action with Financials are 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 FY25, BSI closed 4,018 cases⁸ and categorized them under the following disposition codes.

Figure 3. Summary of Closed Cases during FY25, by Disposition Code



8. This number of closed cases reflects the total number of cases BSI closed with a final disposition during FY25; BSI completed 4,179 investigations during FY25, some of which are still pending a fraud calculation or a final disposition as of this report's drafting.

FISCAL YEAR 2025 SUMMARY BY UNIT

CPU

CPU received 5,062 new referrals for investigation in FY25 and processed, analyzed, and reviewed 3,990 referrals from the following sources.

Table 2. CPU Referral Sources for FY25

Referral Source	Number of Referrals Processed, Analyzed, and Reviewed	Percentage of Total
DTA	1,963	49%
Hotline	1,198	30%
DAU	768	19%
MassHealth	37	1%
PCA Task Force	23	1%
Law Enforcement	1	0%

The following is a breakdown of the public assistance programs involved in the 3,990 referrals processed, analyzed, and reviewed.

Table 3. CPU Caseload for FY25, by Public Assistance Program

Case Type	Number of Cases	Percentage of Total
Supplemental Nutrition Assistance Program (SNAP)	3,106	78%
MassHealth	439	11%
Transitional Aid to Families with Dependent Children (TAFDC)	246	6%
Emergency Aid to the Elderly, Disabled and Children (EAEDC)	80	2%
Merge Case*	60	2%
Other	40	1%
PCA	15	0%
EEC	3	0%
Supplemental Security Income	1	0%

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

CPU staff members identified 1,323 referrals as potential IPV cases, for which BSI determined that a fraud allegation had merit but returned the case to DTA for further action based on the evidence. Typical agency

actions include civil recovery, disqualification, and recalculation of benefits. Additionally, CPU closed and/or merged 1,873 referrals for which no fraud was identified after completing preliminary investigations. CPU designated 794 referrals for active investigation. In addition to processing, analyzing, and reviewing the referrals discussed above, CPU completed 48 investigations during this report's FY.

During FY25, CPU assisted with DAU's PCA High Earner Project. For this project, DAU analyzed PCA income provided by MassHealth for the highest-earning PCAs during calendar year 2023 and determined whether their income was accurately reported to other public benefit programs. DAU generated 1,011 new referrals⁹ from this project. CPU processed, analyzed, reviewed, and made case recommendations for all these referred cases.

CPU staff members are in direct contact with the public and stakeholders. CPU manages referral intake calls and an online referral process—collectively categorized as hotline referrals. In FY25, CPU completed the intake process for 1,242 hotline referrals.¹⁰ Additionally, CPU regularly assists members of the public with issues involving their receipt of public benefit-related mail, or access to other state agencies. Although these issues fall outside of BSI's statutory charge (i.e., investigating public benefit fraud), we help the public by directing individuals to the agencies best able to address their issues and respond to their questions.

CPU also communicates and collaborates as a team to assist examiners during their investigations. CPU uses various technical resources to stay current with guidelines and to verify allegations received. As a result, CPU continuously updated examiners throughout FY25 regarding any changes to both policy/income guidelines in connection with public benefit programs and other guidance from our stakeholders. These actions contributed to BSI's successes in FY25.

FIU

FIU consists of a special investigator, eight fraud examiners, and one senior fraud examiner, all of whom are under the supervision of an assistant director and three supervising fraud examiners.

9. See [Table 1's note marked as **](#) for more information.

10. 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 1,242 hotline referrals and created 1,200 new active investigations during FY25.

FIU completed 869 cases in FY25, which contributed to identifying fraud totaling \$6,316,407 in 496 cases.

Table 4. FIU Identified Fraud during FY25, by Public Assistance Program

Public Assistance Program	Identified Fraud
SNAP	\$4,121,011 (65%)
MassHealth	\$1,301,957 (21%)
TAFDC	\$328,807 (5%)
Other/Task Force	\$259,589 (4%)
PCA	\$143,835 (2%)
Social Security Administration	\$101,257 (2%)
EAEDC	\$59,951 (1%)

During FY25, FIU completed 22 civil recoveries, totaling \$768,752 in fraudulent overpayments. The BSI civil recovery process begins with a reporting examiner contacting the subject and arranging a meeting—either in person or virtually. In cases where the subject agrees to repay the identified overpayment, they may execute a repayment agreement. Once an agreement is signed, the documents are forwarded to the appropriate agency to initiate collection.¹¹ BSI does not have the statutory authority to collect or direct collection of overpayments.

In FY25, BSI continued to adhere to the May 2023 federal directive from the Centers for Medicare and Medicaid Services,¹² which prohibits the collection of overpayments from recipients of Medicare and Medicaid services. As a result of this directive, BSI returns all completed MassHealth investigations that include financial findings back to MassHealth for documentation and recordkeeping. BSI works closely with the Medicaid Fraud Division of the Attorney General’s Office and the US Department of Health and Human Services’ Office of the Inspector General to investigate serious cases of PCA fraud. This collaborative group, called the PCA Task Force, meets regularly throughout the year to review case developments and coordinate next steps to ensure efficient case management. In FY25, BSI expanded its

11. 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 this report’s issuance. While this report informs the public of what we have found to date, benefit programs require time to implement and manage collections.

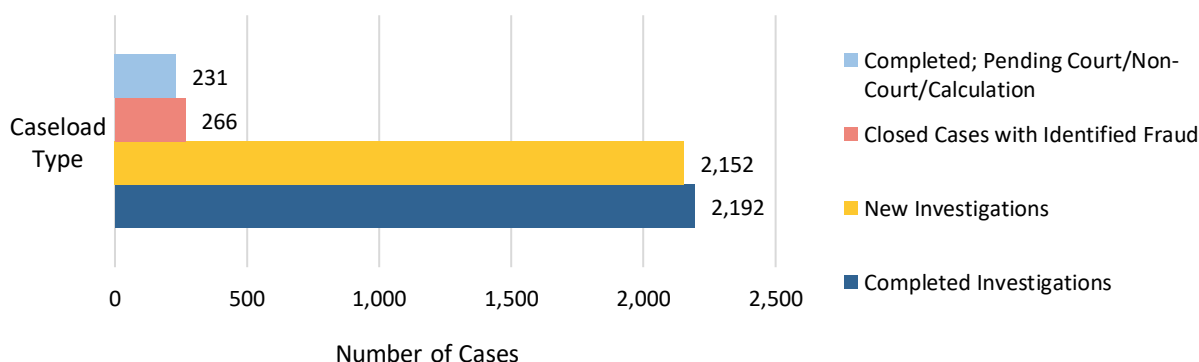
12. In May 2023, BSI was notified that a directive from the Centers for Medicare and Medicaid Services prohibited MassHealth from collecting overpayments from its members. Since then, BSI has halted all civil recoveries in the MassHealth program and continues to return all completed investigations to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

involvement by assigning additional examiners to participate in PCA Task Force investigations. These examiners engaged with stakeholders both virtually and in person and have conducted on-site fieldwork to help support their case findings.

In November 2024, BSI’s director, one assistant director, and one supervising fraud examiner participated as panelists at the Boston Chapter of the Association of Government Accountants’ “Many Faces of Fraud” event. The presentation provided an overview of BSI and the public benefit agencies and programs investigated by BSI (e.g., DTA, MassHealth, PCA, and EEC). The session concluded with a discussion of case examples that had been thoroughly investigated by BSI examiners.

Mentorship among BSI examiners remains a key priority for the unit. Examiners with expertise in interviewing, civil recovery and recoupment, report writing, and/or fieldwork consistently volunteer to support and guide their colleagues. This internal mentoring program has proven beneficial for both seasoned and newly hired examiners.

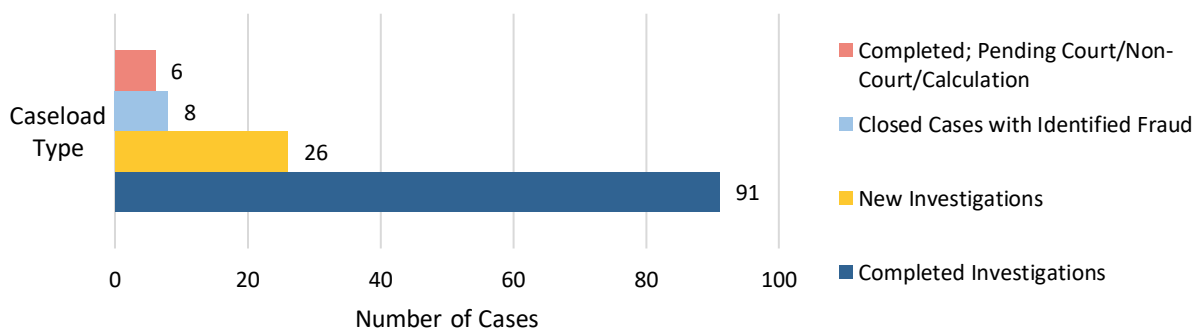
Figure 4. DTA Caseload for FY25*



* BSI’s DTA caseload for FY25 included SNAP, TAFDC, and EAEDC cases.

During FY25, FIU’s caseload included referrals generated through the PCA High Earner Project. The consistent finding in these cases that had identified fraud is that DTA cash and SNAP benefit recipients did not report their receipt of PCA income to DTA. Completed PCA cases with identified fraud were returned to DTA as IPVs for DTA’s administrative process and overpayment recovery. BSI civilly recovered \$193,361 in public benefits issued to PCAs who did not report their PCA income to DTA.

Figure 5. MassHealth Caseload for FY25*



* BSI's MassHealth caseload for FY25 included cases related to healthcare benefits and PCAs.

During FY25, BSI case assignments included a variety of member benefit and PCA fraud cases. In addition to continuing to improve the referral intake and review process for joint investigations of PCA fraud-related cases, BSI and the Attorney General's Office worked to improve the information-sharing process for PCA records and documentation. In PCA investigations, we make determinations regarding allegations of billing for services not provided, which often involves determining 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 benefit programs. These investigations identified PCAs who did not report their PCA income and were overpaid for other public benefits.

EEC Caseload for FY25

Lastly, FIU completed one EEC investigation. 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 determines 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 found in Section 10.11 of Title 606 of the Code of Massachusetts Regulations. EEC administrative hearings provide BSI examiners with the opportunity to explain their investigations and findings to EEC review officers.

DAU

BSI's DAU generated 1,344 referrals for CPU analysis in FY25. In the majority of these referrals, CPU found that PCAs did not accurately disclose their income to DTA and MassHealth, as required, while receiving public benefits.

DAU also identified MassHealth providers to refer for further action. The related analysis focused on improper billing associated with a variety of dental services. Other analyses conducted by DAU in FY25 focused on home health agency services, inpatient hospital services, long-term care, vision care services, PCA services, durable medical equipment, and chiropractor services. DAU also continued to receive referrals from BSI's Public Assistance Fraud Hotline. During FY25, DAU received and analyzed seven provider referrals made through the hotline, some of which are ongoing as of the time of this report's drafting.

DAU continued the operation and further development of its Analytical Support Services program. This program allows BSI examiners to use 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 (e.g., maps, timelines, charts, and graphs) for presentation in court and other settings; custom findings reports for the analysis of financial, healthcare, and other data; network and social analysis; technical training; and optical character recognition (OCR) services. In FY25, DAU received, processed, and completed eight Analytical Support Services requests. Among the services provided, highlights include processing bank records through OCR and analyzing the output, creating visualizations from various data sources, analyzing PCA records, analyzing address records, and providing training assistance to other BSI 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 format easier to absorb.

During FY25, DAU continued to focus on the overall development of its OCR capabilities and the expansion of its use cases. DAU continued making strides in automating the processing of certain investigatory documents using OCR. Building on the work completed in FY24, which included the successful automated processing of financial records related to different bank account types from various financial institutions, DAU added two new bank account types to its library and successfully processed records associated with these institutions. These financial records are used solely in connection with BSI's public benefit fraud investigations.

Additionally, DAU continued to make headway related to the automated processing of tax documents. DAU developed a summary of Form W-2, which passed multiple quality checks and a proof-of-concept stage. Additionally, DAU developed a summary of dependent information known as Schedule DI, which also passed multiple quality checks and a proof-of-concept stage. These advancements are critical to improving the efficiency and effectiveness of our work by automating BSI's tax transcription process during fraud investigations.¹³ DAU also continued to make progress related to the automated processing of PCA timesheets. During FY25, DAU regularly processed the timesheets for one fiscal intermediary (FI),¹⁴ Tempus Unlimited Inc.,¹⁵ without issue.

Lastly, DAU began development on use cases related to the automated processing of handwritten documents. The expansion of OCR capabilities in these areas will enhance DAU's ability to provide support to BSI examiners and their investigations. Indeed, 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 using these services, examiners and other BSI units have decreased investigatory time by reducing or eliminating manual processes. Additionally, these services provide BSI with additional options in how information is processed, summarized, and presented during the investigative process.

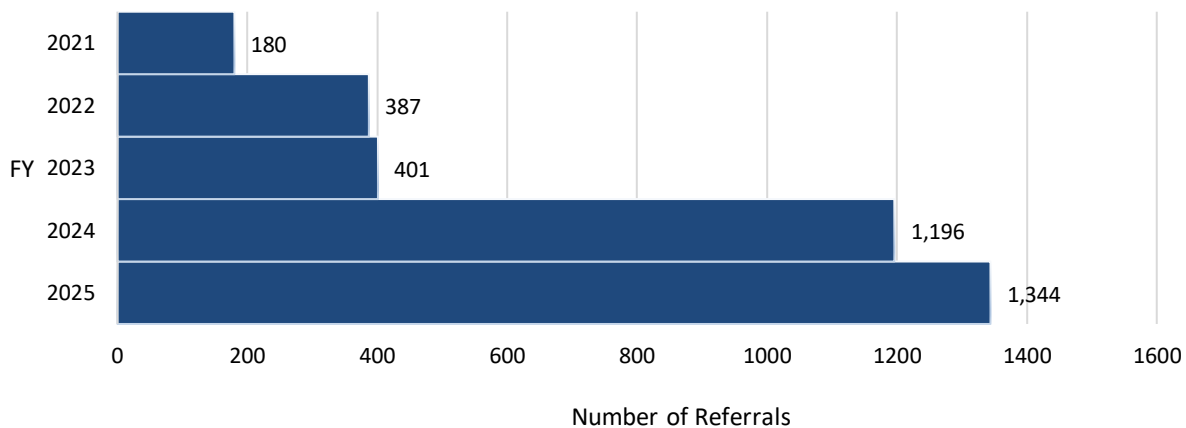
DAU continues to support multiple state and federal partners through joint investigative work, in addition to accepting referrals for investigation and creating and sending referrals to the appropriate entities. For example, DAU is collaborating with federal partners, including the US Department of Health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

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

14. FIs are private insurance companies with which the federal government contracts to administer its programs and process its payments.

15. 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 an FI merger in January 2022, Tempus Unlimited Inc. now has the sole contract for FI services with the Executive Office of Health and Human Services' Office of Medicaid (known as the MassHealth PCA FI Program).

Figure 6. DAU-Generated Referrals, by FY



Other BSI News

During FY25, BSI's training team, comprised of staff members from all BSI units, continued identifying staff training needs; created informative and engaging trainings, presentations, and job aids; 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.

In September 2024, BSI issued an updated policy manual with the training team's assistance. As this update was the first since 2012, the manual is now aligned with BSI's current investigatory process and includes commonly used terms, applications, and systems, as well as reporting requirements.

BSI initiated 41 repayment agreements and disqualification consent agreements (DCAs), totaling \$1,657,549, during FY25. 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. DCAs are required as part of the civil recovery agreement for DTA and EEC cases.

Although BSI's new CMS project worked through its final phase, Phase III, during FY24, BSI continues to consider other system improvements that may enhance user friendliness, efficiency, and satisfaction. Potential system improvements include the ability to bulk expedite cases from certain workflows, fast-tracking to the assignment queue instead of a specific examiner or assistant director, and a separate list for cases in the calculation phase.

NOTABLE BUREAU OF SPECIAL INVESTIGATIONS ACTIVITY

Hyannis Woman Pleads Guilty to Welfare Fraud

On December 5, 2024, a Hyannis woman retracted her plea and admitted to sufficient facts of guilt to fraudulently receiving TAFDC, SNAP, and EEC childcare benefits in Barnstable Superior Court. The woman admitted to sufficient facts of guilt to one count of larceny and seven counts of public assistance fraud. The woman allegedly stole \$3,928 in TAFDC benefits, \$29,177 in SNAP benefits, and \$110,891 in EEC childcare benefits (\$143,996 in total) by falsely claiming that she lived alone when, in fact, she was living with the father of her children. It is alleged that she falsely informed EEC about her household composition after applying for benefits in 2015 and that she did the same with DTA. Had she disclosed that she was living with her children's father and receiving additional earned income, she would not have been eligible for these benefits. After changing her plea, the woman was provided a continuance without a finding and placed on probation for three and one half years. Restitution was ordered for the total amount of \$143,996, but because her financial circumstances were still in flux at the hearing under *Commonwealth v. Henry*, 475 Mass. 117, 126, 129 (2016), the decision on whether she is financially able to repay was taken under advisement at the continued restitution hearing on September 17, 2025.

Gloucester Woman Has Case Dismissed After Admitting to Welfare Fraud

On August 22, 2024, the criminal charges against a Gloucester woman, who previously admitted to fraudulently receiving TAFDC and SNAP benefits in Boston Municipal Court, were dismissed. In April 2023, the woman admitted to sufficient facts on one count of larceny and one count of public assistance fraud after it was alleged that she collected \$8,629 in SNAP benefits and \$12,634 in TAFDC benefits between December 2016 and April 2019 by not accurately reporting the custody status of her dependents while collecting benefits. Following her admission to facts sufficient for a guilty finding, the matter continued without a finding, and \$3,000 in restitution was ordered, to be repaid in installments of \$250 per month. When the case was dismissed, the remaining restitution was remitted.

BSI Participation in Document and Benefit Fraud Task Force Continues

BSI received 20 referrals in FY25 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, 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.

The Document and Benefit Fraud Task Force’s “Double Trouble” investigation identified 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 have been eligible to receive. Most frequently, these benefits included Registry of Motor Vehicles identity documents, Social Security numbers, Medicaid benefits, unemployment compensation, and public housing subsidies.

During FY25, BSI completed 18 task force investigations and identified fraud in 2 cases, totaling \$10,428. BSI’s assistance during these investigations included compiling information, 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 Office of the State Auditor 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.