



**George E. Pataki**  
*Governor*

**NEW YORK STATE**  
**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**Robert Doar**  
*Commissioner*

## Informational Letter

### Section 1

<b>Transmittal:</b>	06-INF-26
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	PSQI
<b>Date:</b>	August 1, 2006
<b>Subject</b>	Investigative Unit Operations Plan
<b>Suggested Distribution:</b>	Temporary Assistance Directors Food Stamp Directors Fraud Directors FEDS Coordinators
<b>Contact Person(s):</b>	William Donnelly (PSQI) at 1-800-343-8859, ext. 2-0129 or 518-402-0129 or William. Donnelly @ OTDA.State.NY.US
<b>Attachments:</b>	Investigative Unit Operations Plan Form
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
93 ADM-8		359.4	145 145.C		

### Section 2

#### I. Purpose

The purpose of this release is to request that each local district submit an updated Investigative Unit Operations Plan (IUOP).

#### II. Background

93 ADM 8 requires that local districts file an IUOP with the Department. A review of our files shows that the majority of the plans on file are aged and require updating.

### III. Program Implications

Each Local District must submit a revised IUOP to OTDA within 60 days from the date of this INF. The plan must include:

- (1) A description of the organizational units responsible for the investigation and prosecution of allegations of client fraud;
- (2) A description of any claims establishment (recoupments) and collection activities for which this organizational unit may also be responsible;
- (3) An explanation of the coordination between the investigation units and the prosecutor, i.e., courts in which cases of alleged fraud are heard, referral process, etc;
- (4) An explanation of how it is proven that the individual was advised on the record of the court of the disqualification provision prior to entering any plea; and
- (5) A copy of or a statement of the agreement with the District Attorney's office in accordance with Department Regulation 18 NYCRR 348.2(c).

In our effort to update and standardize County plans, please submit your IUOP using the attached form.

All plans must be submitted to William Donnelly at:

[William.Donnelly@OTDA.State.NY.US](mailto:William.Donnelly@OTDA.State.NY.US)

Or

New York State Office of Temporary & Disability Assistance  
Audit and Quality Control – Program Integrity  
40 North Pearl Street  
Riverview Center 4<sup>th</sup> Floor  
Albany, NY 12243

**Issued By**

**Name:** John M. Paolucci  
**Title:** Deputy Commissioner  
**Division/Office:** PSQI/A&QC