

DESCRIPTION: Under limited supervision, conducts investigations on referrals and/or allegations related to suspected fraud in DHHS Public Assistance programs such as Supplemental Nutrition Assistance, ADC, AABD, Energy Assistance, etc. Utilizing investigatory skills, performs thorough professional investigations including auditing client and worker records, interviewing witnesses, clients and employers and consulting DHHS program staff. Determines if client case should be referred for criminal prosecution and/or administrative hearing. Performs related work as assigned.

DISTINGUISHING CHARACTERISTICS: (A position is assigned to this class based on the scope and level of work performed as outlined below.)

This is the first level of two in the DHHS Fraud Investigator class series. Positions allocated to this class perform investigations into suspected fraud relating to DHHS Public Assistance programs. This class is distinguished from the DHHS Fraud Investigator Supervisor class by the absence of full supervisory responsibilities of investigation staff.

EXAMPLES OF WORK: (A position may not be assigned all the duties listed, nor do these examples include all the duties that may be assigned.)

Conducts audits of files, client records and computer generated printouts to identify potential intentional program violations by clients or staff. Reviews case files to determine if files are complete, accurate and meet existing guidelines. Writes reports of investigative findings.

Interviews service providers, employers, clients and third parties to collect information about the services and assistance provided to obtain evidence of fraud and abuse, to verify information and to inform them of the applicable aspects of the law.

Determines whether or not there was intent by a client to defraud the agency and if the client should be referred for criminal prosecution and/or an administrative hearing.

Represents the agency at Intentional Program Violation (IPV) hearings and criminal court proceedings to present evidence and explain investigation and findings. Questions witnesses and presents summary of the State's position at IPV hearings. Consults with agency employees and witnesses to prepare them for administrative and court appearances.

Makes referrals for recoupment of overpayments when collection activities are warranted and criminal prosecution is not possible. Negotiates repayment agreements for overpayments.

Acts as a resource to the public and DHHS staff, receives referrals from the public, DHHS staff, government agencies, other state agencies, law enforcement officials, school officials, etc.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED: (These are needed to perform the work assigned.)

Knowledge of: principles, practices and techniques of interviewing to gather information; public assistance programs; techniques of case management.

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Ability to: obtain, record and document information; learn and apply agency rules and procedures regarding fraud and abuse investigations; learn, interpret and apply State and federal rules and regulations regarding abuse of social services programs; learn and operate social service computer programs and functions; interact with clients, employees and criminal justice authorities to conduct investigations and establish working relationships; communicate with others to relay and gather information; make decisions and take action in dealing with problems and situations within established guidelines; conduct and control interviews to obtain information from cooperative and uncooperative individuals; solve arithmetic problems; speak before groups to present technical information; prepare accurate and concise written reports; explain processes and procedures.

MINIMUM QUALIFICATIONS: (Applicants will be screened for possession of these qualifications. Applicants who need accommodation in the selection process should request this in advance.)

Post high school coursework/training in: criminal justice,, law, social work or criminal investigative methods. OR experience in a social service agency with responsibility for eligibility determination in a variety of program areas. OR experience performing investigation, auditing, research or information search activities, medical or service provider billing, claims adjustment review, or processing, service or payment authorization.

SPECIAL NOTES:

State agencies must evaluate each of their positions to determine their individual overtime eligibility status. FLSA regulations state positions cannot be exempted based on job title; rather the duties and responsibilities of each position must be evaluated by application of FLSA exemption criteria.