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|  |  | |  |  | | --- | --- | | |  | | --- | | This position description serves as the official classification document of record for this position. Please complete the information as accurately as you can as the position description is used to determine the proper classification of the position. | | |  | | |  |  | | --- | --- | | **2. Employee's Name (Last, First, M.I.)** | **8. Department/Agency** | |  | MDHHS-DPT OF HUMAN SVC CNTL OF | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | Office of Inspector General – Bureau of Public Assistance Fraud | | **4. Civil Service Position Code Description** | **10. Division** | | REGULATION AGENT-E | Recipient Fraud Investigations Division | | **5. Working Title (What the agency calls the position)** | **11. Section** | | Regulation Agent 9-P11 |  | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | REGULATION MANAGER-3 |  | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | STATE ADMINISTRATIVE MANAGER-1 | TBD/Monday - Friday, 8:00am to 5:00pm | | |  | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | To conduct investigations of fraud, waste or abuse by recipients, non-Medicaid providers and vendors of all MDHHS administered public assistance programs, such as food and cash assistance, as well as Medicaid and childcare programs. Positive investigation results are typically forwarded for prosecution or are addressed through administrative review. Investigative outcomes include criminal charges/convictions, restitution/repayment and program disqualification. Investigators make program improvement recommendations based on their results. | | | |  | |  |  |  |  | | | |  |

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|  |  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **15. Please describe the assigned duties, percent of time spent performing each duty, and what is done to complete each duty.  List the duties from most important to least important. The total percentage of all duties performed must equal 100 percent.** | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **Duty 1** | | | | **General Summary:** | **Percentage:** | **50** | | Agents/Investigators conduct criminal and/or administrative investigations of public assistance fraud by recipients, and non-Medicaid providers. Agents gather evidence to substantiate or disprove allegations of fraud in programs administered by MDHHS.   Agents utilize information obtained from their investigation to assist MDHHS caseworkers in determining new and/or ongoing benefits. Agents conduct investigations in a professional manner that respects the constitutional rights of subjects under investigation. Agents seek and serve subpoenas and search warrants to gather pertinent information needed, when necessary.  Agents analyze tax records and other financial data to trace income/assets and determine ownership of resources including real and personal property. | | | | **Individual tasks related to the duty:** |  |  | | * Develops and follows investigation plans, evaluates results and modifies plans, if necessary. * Evaluates data to recognize and select relevant and material information; collects and preserves evidence from banks, businesses, government agencies and other sources. * Interviews and obtains statements from witnesses. * Requests forensic handwriting examination if essential to the validity of proofs. * Interviews subjects under investigation, respecting their constitutional rights and attempts to obtain legally admissible statements. * On occasion, may assist lead agent, manager or OIG specialized units with investigations. | | | | **Duty 2** | | | | **General Summary:** | **Percentage:** | **15** | | Agents/Investigators review and analyze complaints of alleged fraud received from state and federal agencies, OIG’s Investigative Analytics Unit, the general public, law enforcement agencies, and other sources. Agents analyze case management systems/data applying knowledge of criminal law and MDHHS program policies to assess the probability or extent of violations of criminal fraud statutes, Federal regulations and State rules and policies. | | | | **Individual tasks related to the duty:** |  |  | | * Defines the scope and objective of various investigations; determines investigative course through planning, organizing and establishing priorities * Determines the need for records; identifies potential witnesses, interprets and applies laws, rules, policies and procedures to analyze factual, technical and legal aspects of allegations * Recognizes violations that contain elements of fraud, other criminal statutes and/or Intentional Program Violations (IPVs) | | | | **Duty 3** | | | | **General Summary:** | **Percentage:** | **25** | | Prepares and maintains accurate investigation records and ensures evidence is properly receipted/stored/uploaded. Reviews and analyzes findings, applies knowledge of criminal laws and administrative rules, policies and procedures to determine merits of the evidence. Determines amount of overissuance and prepares case for criminal and/or administrative proceedings | | | | **Individual tasks related to the duty:** |  |  | | * Calculates the amount of alleged fraud through analysis of evidence and application of MDHHS eligibility policies and procedures**.** * Produces an investigation report which accurately depicts evidence/information gathered to substantiate/refute the allegation with applicable evidence and witness lists. * Signs criminal complaints on behalf of the People of the State of Michigan; and assists prosecutors in arriving at resolution for criminal complaint. * Testifies at criminal, civil and/or administrative proceedings. * Meets with probation officials regarding the pre-sentence report and sentencing recommendations. | | | | **Duty 4** | | | | **General Summary:** | **Percentage:** | **5** | | Manages an investigation caseload.  Analyzes data to measure results. | | | | **Individual tasks related to the duty:** |  |  | | * Uses OIG’s case management system and reports to identify case production and timeliness issues and recommends solutions. * Analyzes and validates case production data to measure results. | | | | **Duty 5** | | | | **General Summary:** | **Percentage:** | **5** | | Communicates with local prosecutorial and MDHHS officials. Responds to inquiries, complies data and reports. Provides reports, information and interacts with courts, professional groups, law enforcement agencies, the general public and other agencies relating to MDHHS programs, policies, and legal interpretations relating to welfare fraud and investigative activities. | | | | **Individual tasks related to the duty:** |  |  | | * Confers with local prosecutorial and MDHHS Officials to establish, modify and clarify organizational plans and local procedures to receive, process and resolve complaint. * Respond to inquiries relating to fraud issues and provides information in accordance with MDHHS confidentiality regulations and the law. * Responds to inquiries made by law enforcement personnel, in the line of duty, regarding recipients under felony investigation(s) or potential witnesses in felony cases. * Upon direction of the prosecutor, communicates with the suspect's legal counsel to clarify issues. * Develops training materials and make presentations to MDHHS employees regarding referrals, fraud vulnerability and awareness. | | | | | | | | | | |  |
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|  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.** | | |  |  | | |  | | --- | | The type of decisions made; the depth or degree of the investigation plan to be followed to determine fraud, the necessary evidence or witnesses to be pursued to confirm or disprove fraud allegations based on applicable laws and MDHHS policy. MDHHS and the suspect being investigated may be affected by the decisions. The MDHHS could be held liable for inaccurate charges brought against a suspect; the suspect could be falsely charged with a crime or violation or the MDHHS could suffer a loss of recoverable misspent funds if an inaccurate decision is made. | | | | | | | | |  |
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|  |  |  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **17. Describe the types of decisions that require the supervisor's review.** | | |  |  | | |  | | --- | | When evidentiary problems are encountered. Supervision for this level investigator is extended. Typically, the supervisor audits and conducts a quality review on a portion of completed investigations. | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **18. What kind of physical effort is used to perform this job? What environmental conditions in this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.** | | |  |  | | |  | | --- | | Individuals charged with felonies may be more inclined to violence and thereby create additional job hazard. This factor together with the necessity for precise and timely investigation, referral to prosecutorial authorities and presentation of evidence at criminal and administrative proceedings enhances stress. Extended use of a computer may result in eye and upper body strain. | | | | | | | | | |  |
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|  |  |  |  |  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **19. List the names and position code descriptions of each classified employee whom this position immediately supervises or oversees on a full-time, on-going basis.** | | | | |  |  |  | | |  | | --- | | **Additional Subordinates** | | |  | |  |  |  | |  | |  | | --- | |  | |  | |  |  |  | | | | | |  |
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|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):** | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Complete and sign service ratings. | |  | |  | | --- | | N | |  | |  | | --- | | Assign work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Provide formal written counseling. | |  | |  | | --- | | N | |  | |  | | --- | | Approve work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | N | |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve leave requests. | |  |  | |  | | --- | | Review work. | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve time and attendance. | |  | |  | | --- | | N | |  | |  | | --- | | Provide guidance on work methods. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Orally reprimand. | |  | |  | | --- | | N | |  | |  | | --- | | Train employees in the work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?** | | | |  |  | |  | |  | | --- | |  | | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **23. What are the essential functions of this position?** | | | |  |  | |  | |  | | --- | | The essential duties of this position are to review and analyze complaints of alleged fraud and to conduct investigations to obtain needed proofs to substantiate or disprove the allegation. | | | | | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.** | | | |  |  | |  |  | | | | | | | |  |
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|  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **25. What is the function of the work area and how does this position fit into that function?** | | | |  |  | |  | |  | | --- | | The Enforcement Division is responsible for investigating fraud, waste and abuse allegations concerning recipients, non-Medicaid Providers, employees and vendors of programs administered by MDHHS. This position is the mission level position within the work area and is responsible for conducting all the duties associated with an investigation of recipients, providers, and vendors. | | | | | | | | | |  |
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|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.** | | | | | | |  | |  |  |  |  |  |  |  | | |  | | --- | | **EDUCATION:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Possession of a bachelor's degree in business administration, criminal justice, criminology, law enforcement, police administration, security and loss prevention, or a related field. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **EXPERIENCE:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | **Regulation Agent 9** No specific type or amount is required.  **Regulation Agent 10** One year of professional experience providing regulation and investigative services equivalent to a Regulation Agent 9.  **Regulation Agent P11** Two years of professional experience providing regulation and investigative services equivalent to a Regulation Agent, including one year equivalent to a Regulation Agent 10.  **Alternate Education and Experience**  **Regulation Agent 9** Two years of experience as a sworn detective at a law enforcement agency may be substituted for the education and experience requirements.  **Regulation Agent 10** Three years of experience as a sworn detective at a law enforcement agency may be substituted for the education and experience requirements.  **Regulation Agent P11** Four years of experience as a sworn detective at a law enforcement agency may be substituted for the education and experience requirements. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **KNOWLEDGE, SKILLS, AND ABILITIES:** | | | |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Employee must communicate effectively in written and spoken form. Knowledgeable in evidentiary requirements and in investigative techniques and processes. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **CERTIFICATES, LICENSES, REGISTRATIONS:** | | | | |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | N/A | | | | | | | | |  |  |  |  |  |  |  | |  | |  | | --- | | ***NOTE: Civil Service approval does not constitute agreement with or acceptance of the desired qualifications of this position.*** | | | | |  |  | |  |  |  |  |  |  |  | | | | | | | | |  |
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|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*** | | | |  | |  | |  | | --- | |  | |  | |  | | --- | |  | |  | |  |  |  |  |  | |  | |  | | --- | | **Supervisor** | |  | |  | | --- | | **Date** | |  | |  |  |  |  |  | | | | | | | | |  |
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|  |  |  |  |  |  |  |  | |  | | --- | | **TO BE FILLED OUT BY APPOINTING AUTHORITY** | |  |  |
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|  |  |  |  |  |  |  | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | | **Indicate any exceptions or additions to the statements of employee or supervisors.** | |  | |  |  |  | |  | |  | | --- | | N/A | |  | |  |  |  | | | |  |
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