# DUTY STATEMENT

| | |
|---|---|
| Classification: Auditor I | |
| Working Title: Auditor I | |
| Program: Audits and Investigations | |
| Division: Investigations Division | |
| Section: Multi-Disciplinary North Section | |
| Branch: Provider Investigations Branch | |
| Unit: | |
| Office Location: | |
| COI Position: ☑ Yes ☐ No | Telework Eligible: ☑ Yes ☐ No |
| CBID: R01 | Position Number: 806-405-4175-XXX |
| Bilingual Position: ☐ Yes ☑ No | Specify Language: Not Applicable |

This position requires the incumbent to perform their essential functions; maintain consistent and regular attendance in-person and/or virtually; to communicate effectively and professionally, both orally and in writing; to develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; to complete assignments in a timely manner; and to adhere to departmental policies and procedures regarding attendance and conduct including those outlined in the Health Administrative Manual and the DHCS Telework Program. To promote collaboration and connection, essential functions are generally in-person consistent with the DHCS Telework Program and pursuant to an approved Telework Agreement.

**Job Summary:**

Under supervision of the Health Program Audit Manager I (HPAM I), the Auditor I performs less difficult technical auditing work relating to records of individuals, business firms, or government agencies subject to State taxation or regulations; and to do other related work. The Auditor I participates in both desk and field audits, learning to apply auditing principles and procedures to evaluate financial records, cost reports, and operational data for accuracy, compliance, and efficiency. Assignments are typically structured and limited in complexity, with increasing responsibility as experience is gained. Travel of up to 15% is required including overnight and/or weekend stays.

| Description of Duties: | |
|---|---|
| **% of Time** | **Essential Functions** |
| 45% | The Auditor I is the trainee and initial working level of the Health Program Auditor series. The Auditor I assists with compliance, financial and/or management audits. These audits are a combination of in-house desk audits and field audits, generally in the acute care or long term care program areas, but they may also include audits in the public health or rural health clinic program areas. Typical audit procedures include review and verification of total revenue and expense accounts, balance sheet accounts, statistical data, cost allocation bases, and the preparation of audit working papers. After accumulating experience, the Auditor I is expected to independently conduct less difficult or routine audits where no problems are anticipated and in-depth testing is not required. |
| 40% | Assists the lead auditor in the completion of audit reports, which includes preparing supporting schedules and charts, and independently preparing and submitting documentation for assigned audit segments. Attends audit entrance and exit conferences with the lead auditor. |
| 10% | Attends meetings and/or interviews with staff of the facility audited, Departmental staff, and state program representatives. Travel of up to 15% is required. Overnight travel is routinely required. Weekend stays may be required. |

| Description of Duties | |
|---|---|
| **% Of Time** | **Essential Functions** |
| | |
| **% Of Time** | **Marginal Functions** |
| 5% | Other duties as required. |

**Supervision Received:** Under Supervision by the (enter supervisor classification):
Health Program Audit Manager I.

**Supervision Exercised: (check all that apply)** ☑ Non-Supervisory Classification / None
☐ Clerical Staff ☐ Analytical Staff ☐ Technical Staff
☐ Professional Staff ☐ Supervisory Staff ☐ Managerial Staff

**Special Requirements:**
☐ Medical Evaluation /Clearance ☐ Typing Certificate ☐ Valid Driver's License
☑ Background Check / Finger Printing Clearance
☐ Valid Professional License (please specify): _____

**Desirable Qualifications:**

Knowledge of general accounting and auditing principles and procedure; business law.

Ability to:
• Apply general accounting and auditing principles and procedures.
• Conduct the less difficult audits or financial examinations of accounts and records
• Meet with and obtain the cooperation of individuals, or representatives of organizations, subject to tax or regulation.
• Create good will and maintain it in the initiation and completion of an audit and the disclosure of findings critical in nature or indicating additional tax liability.
• Analyze data and draw sound conclusions; analyze situations accurately and adopt an effective course of action' prepare clear, complete, and concise reports.
• Speak and write effectively.

**Working Conditions (Check all that apply):**
Prolonged Periods of:
☑ Standing ☑ Sitting ☐ Kneeling ☐ Bending
Travel May be Required:
☑ Occasional ☑ Over Night
Requires Lifting of Heavy Objects up to: _____

**Acknowledgements:**

**Human Resources Acknowledgement:** The Human Resources Division has reviewed and approved this duty statement.

| Analyst Name: | Analyst Signature: | Date: |
|---|---|---|
| Mari Rodriguez | | 07/18/2026 |

**Employee Acknowledgement:** I have discussed with my supervisor the duties of the position and have received a copy of this duty statement.

| Employee Name: | Employee Signature: | Date: |
|---|---|---|
| | | |

**Supervisor Acknowledgement:** I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.

| Supervisor Name: | Supervisor Signature: | Date: |
|---|---|---|
| | | |

# DUTY STATEMENT

| | |
|---|---|
| Classification: Health Program Auditor II | |
| Working Title: Health Program Auditor II | |
| Program: Audits and Investigations | |
| Division: Investigations Division | |
| Section: | |
| Branch: Provider Investigations Branch | |
| Unit: | |
| Office Location: | |
| COI Position: ☑ Yes ☐ No | Telework Eligible: ☑ Yes ☐ No |
| CBID: R01 | Position Number: 806-405-4254-XXX |
| Bilingual Position: ☐ Yes ☑ No | Specify Language: Not Applicable |

This position requires the incumbent to perform their essential functions; maintain consistent and regular attendance in-person and/or virtually; to communicate effectively and professionally, both orally and in writing; to develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; to complete assignments in a timely manner; and to adhere to departmental policies and procedures regarding attendance and conduct including those outlined in the Health Administrative Manual and the DHCS Telework Program. To promote collaboration and connection, essential functions are generally in-person consistent with the DHCS Telework Program and pursuant to an approved Telework Agreement.

**Job Summary:**

Under direction of the Health Program Audit Manager I, the Health Program Auditor II independently conducts technical management, financial, compliance, and internal audits of moderate difficulty, or under the lead of a Health Program Auditor III, performs segments of more complex audits. The Health Program Auditor II is viewed as the transitional level between the entry level Auditor I and the working level Health Program Auditor III. Th provider Investigations a team of multidisciplinary staff (auditors, medical and Investigative staff established to investigate Medi-Cal fraud, and to develop the basis for the successful prosecution of said fraud, in 13 diverse Medi-Cal program areas including: Drug Medi-Cal, Skilled Nursing Homes, Narcotic Treatment Providers, Adult Day Health Care, Mental Health, Home Health, Hospice, HIV and Antipsychotic Drugs, Transportation Operators, Pharmacies and Residential Care Facilities.

Travel of up to 15% is required including overnight and/or weekend stays.

# DUTY STATEMENT

| | |
|---|---|
| Classification: Health Program Auditor III | |
| Working Title: Health Program Auditor III | |
| Program: Audits and Investigations | |
| Division: Investigations Division | |
| Section: Multi-Disciplinary North Section | |
| Branch: Provider Investigations Branch | |
| Unit: | |
| Office Location: | |
| COI Position: ☑ Yes ☐ No | Telework Eligible: ☑ Yes ☐ No |
| CBID: R01 | Position Number: 806-405-4252-XXX |
| Bilingual Position: ☐ Yes ☑ No | Specify Language: Not Applicable |

This position requires the incumbent to perform their essential functions; maintain consistent and regular attendance in-person and/or virtually; to communicate effectively and professionally, both orally and in writing; to develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; to complete assignments in a timely manner; and to adhere to departmental policies and procedures regarding attendance and conduct including those outlined in the Health Administrative Manual and the DHCS Telework Program. To promote collaboration and connection, essential functions are generally in-person consistent with the DHCS Telework Program and pursuant to an approved Telework Agreement.

**Job Summary:**

Under the direction of the Health Program Audit Manager I, the Health Program Auditor III (HPA III) serves as a subject matter expert, performing complex and sensitive financial and/or management audits with limited supervision for the Special Investigations Unit (SIU), an interdepartmental anti-fraud body. The incumbent operates at the advanced journey level and must demonstrate independence, flexibility, sound judgment, and tact when interacting with executive leadership and SIU Activity Leads.

The HPA III is expected to possess extensive knowledge of applicable laws, regulations, and audit methodologies to revise and implement audit procedures, support investigations, and provide expert testimony as needed. The SIU is a multidisciplinary team including auditors, analysts, medical professionals, and investigators tasked with identifying and supporting the prosecution of Medi-Cal fraud across 13 program areas, including but not limited to: Community Clinics, Federally Qualified Health Centers, Drug Medi-Cal, Skilled Nursing Facilities, Narcotic Treatment Providers, Adult Day Health Care, Mental Health, Home Health, Hospice, HIV and Antipsychotic Drugs, Transportation Operators, Pharmacies, and Residential Care Facilities.

Up to 15% statewide overnight travel may be required to conduct audits, attend meetings, or support investigations. The incumbent must be able to travel to provider sites on short notice.

| Description of Duties: | |
|---|---|
| **% of Time** | **Essential Functions** |
| 45% | The Health Program Auditor III (HPA III) performs the more complex and difficult financial and/or management audits with limited supervision for an inter-departmental anti-fraud investigatory body known as the Special Investigations Unit. The incumbent will work at the advanced journey level and must have extensive knowledge of laws, rules, regulations, and audit procedures to provide expert testimony and justification. The HPA III revises and implements audit procedures and programs for Audits and Investigations. Up to 15% of statewide overnight travel may be necessary to complete audits or attend meetings and other activities, as directed by management. Incumbent must be able to travel to provider sites and be flexible to travel on very short notice. |
| 30% | Provides expert testimony and justifies disputed audit findings at appeal hearings. Assists in developing and adapting standard audit programs to accomplish the audit objectives as required in individual cases when an individualized sample is appropriate. |
| 20% | Responsible for the review of managed care provider systems including administrative and operational areas, to determine compliance with regulations and contract requirements. Determine the amount of additional testing that will be required to reach a supportable conclusion. Assists in overall unit audit program plans, program development, audit schedules. Analyze statutes and contracts as they pertain to program activities. Prepare and propose recommendations to reduce fraud and abuse in the Medi-Cal program. HPAs IIIs may assist the HPAM III in developing, implementing and/or conducting Core and Continuing Education training. |

| Description of Duties | |
|---|---|
| **% Of Time** | **Essential Functions** |
| | |
| **% Of Time** | **Marginal Functions** |
| 5% | Other duties as required. |

**Supervision Received:** Under Direction by the (enter supervisor classification):
Health Program Audit Manager I .

**Supervision Exercised: (check all that apply)** ☑ Non-Supervisory Classification / None
☐ Clerical Staff ☐ Analytical Staff ☐ Technical Staff
☐ Professional Staff ☐ Supervisory Staff ☐ Managerial Staff

**Special Requirements:**
☐ Medical Evaluation /Clearance ☐ Typing Certificate ☐ Valid Driver's License
☑ Background Check / Finger Printing Clearance
☐ Valid Professional License (please specify): _____

**Desirable Qualifications:**

Knowledge of:
- Health and Safety Code, Division 20 and EPA requirements regulating the control of hazardous materials.
- State Administrative Manual provisions related to contracts
- Federal cost reporting requirements, California Public Contract Code, Federal acquisition regulations.
- Health delivery systems administered by the Department of Health Services.
- Operational aspects of major contracts subject to audit by the Department; specialized and complex program auditing practices and procedures.

Ability to:
- Negotiate successful program and contractor audit issues of average difficulty.
- Read, understand, and evaluate computerized cost reports.
- Adjust and modify work plan to meet changing conditions.

**Working Conditions (Check all that apply):**
Prolonged Periods of:
☑ Standing ☑ Sitting ☐ Kneeling ☐ Bending
Travel May be Required:
☑ Occasional ☑ Over Night
Requires Lifting of Heavy Objects up to: _____

**Acknowledgements:**

**Human Resources Acknowledgement:** The Human Resources Division has reviewed and approved this duty statement.

| Analyst Name: | Analyst Signature: | Date: |
|---|---|---|
| Mari Rodriguez | | 07/18/2026 |

**Employee Acknowledgement:** I have discussed with my supervisor the duties of the position and have received a copy of this duty statement.

| Employee Name: | Employee Signature: | Date: |
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**Supervisor Acknowledgement:** I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.

| Supervisor Name: | Supervisor Signature: | Date: |
|---|---|---|
| | | |

| Description of Duties: | |
|---|---|
| **% of Time** | **Essential Functions** |
| 50% | Under direction, independently conducts compliance, financial, and/or management audits of moderate difficulty for an inter-departmental anti-fraud investigatory body known as the Special Investigations Unit. The incumbent will work at the moderate journey level and must must apply working knowledge of laws, rules, regulations, and audit procedures to provide factual testimony which support audit findings during administrative proceedings as required. Participates in audit activities under the guidance of senior audit staff when assignments complex investigative components. These audits may be in program areas, including but not limited to: Community Clinics, Federally Qualified Health Centers, Pharmacies, and Residential Care Facilities. Up to 15% of overnight travel may be necessary to complete audits or attend meetings and other activities, as directed by management. |
| 45% | Prepares clear and accurate financial and/or management audit reports including the preparation of supporting schedules and charts. Conducts audit entrance and exit conferences with staff of the entity that was audited, demonstrating independent judgment and professional communication skills. Conducts meetings and/or interviews with staff of the facility audited, Department management staff, and various state program representatives. Confers with public accountants about complex accounting and management issues, as part of independently conducted audits or under the direction of a lead auditor for more complex reviews. Presents and supports audit findings during informal appeal conferences and/or formal appeal hearings and gives testimony as required, demonstrating knowledge of applicable laws, regulations, and audit standards. May be required to compute revised audit settlements after appeal decisions are issued |

| Description of Duties | |
|---|---|
| **% Of Time** | **Essential Functions** |
| | |
| **% Of Time** | **Marginal Functions** |
| 5% | Other duties as required. |

**Supervision Received:** Under Direction by the (enter supervisor classification):
Health Program Audit Manager I.

**Supervision Exercised: (check all that apply)** ☑ Non-Supervisory Classification / None
☐ Clerical Staff ☐ Analytical Staff ☐ Technical Staff
☐ Professional Staff ☐ Supervisory Staff ☐ Managerial Staff

**Special Requirements:**
☐ Medical Evaluation /Clearance ☐ Typing Certificate ☐ Valid Driver's License
☑ Background Check / Finger Printing Clearance
☐ Valid Professional License (please specify): _____

**Desirable Qualifications:**

- Knowledge of general accounting and auditing principles and procedure; business law.
- Ability to pply auditing principles and procedures.
- Ability to apply the State and Federal rules and regulations which govern the various departmental programs in the conduct of audits or financial examinations.
- Ability to apply legal opinions, court decisions, and departmental policies and procedures; establish and maintain cooperative working relations with those contacted during the course of the work.
- Ability to analyze situations accurately and adopt an effective course of action.
- Ability to reason logically and creatively in unique situations.
- Ability to speak and write effectively; testify at hearings on disputed audit findings.

**Working Conditions (Check all that apply):**
Prolonged Periods of:
☑ Standing ☑ Sitting ☐ Kneeling ☐ Bending
Travel May be Required:
☑ Occasional ☑ Over Night
Requires Lifting of Heavy Objects up to: _____

**Acknowledgements:**

**Human Resources Acknowledgement:** The Human Resources Division has reviewed and approved this duty statement.

| Analyst Name: | Analyst Signature: | Date: |
|---|---|---|
| Mari Rodriguez | | 11/18/2025 |

**Employee Acknowledgement:** I have discussed with my supervisor the duties of the position and have received a copy of this duty statement.

| Employee Name: | Employee Signature: | Date: |
|---|---|---|
| | | |

**Supervisor Acknowledgement:** I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.

| Supervisor Name: | Supervisor Signature: | Date: |
|---|---|---|
| | | |

# DUTY STATEMENT

| | |
|---|---|
| Classification: Staff Services Management Auditor | |
| Working Title: Staff Services Management Auditor | |
| Program: Audits and Investigations | |
| Division: Investigations Division | |
| Section: Multi-Disciplinary North Section | |
| Branch: Provider Investigations Branch | |
| Unit: | |
| Office Location: | |
| COI Position: ☑ Yes ☐ No | Telework Eligible: ☑ Yes ☐ No |
| CBID: R01 | Position Number: 806-405-5841-XXX |
| Bilingual Position: ☐ Yes ☑ No | Specify Language: Not Applicable |

This position requires the incumbent to perform their essential functions; maintain consistent and regular attendance in-person and/or virtually; to communicate effectively and professionally, both orally and in writing; to develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; to complete assignments in a timely manner; and to adhere to departmental policies and procedures regarding attendance and conduct including those outlined in the Health Administrative Manual and the DHCS Telework Program. To promote collaboration and connection, essential functions are generally in-person consistent with the DHCS Telework Program and pursuant to an approved Telework Agreement.

**Job Summary:**

Under close supervision of the Health Program Audit Manager I, the Staff Services Management Auditor (SSMA) serves at the entry and initial working level of the Management Auditor series. The SSMA is part of the Provider Investigations team—a multidisciplinary unit composed of auditors, medical professionals, and investigative staff—tasked with identifying and supporting the prosecution of Medi-Cal fraud.

This role involves work across 13 diverse Medi-Cal program areas, including: Drug Medi-Cal, Skilled Nursing Facilities, Narcotic Treatment Providers, Adult Day Health Care, Mental Health, Home Health, Hospice, HIV and Antipsychotic Drugs, Transportation Operators, Pharmacies, and Residential Care Facilities.

Up to 15% overnight travel may be required to conduct audits, attend meetings, or support investigations, as directed by management.

# DUTY STATEMENT

| | |
|---|---|
| Classification: Associate Management Auditor | |
| Working Title: Associate Management Auditor | |
| Program: Audits and Investigations | |
| Division: Investigations Division | |
| Section: Multi-Disciplinary North Section | |
| Branch: Provider Investigations Branch | |
| Unit: | |
| Office Location: | |
| COI Position: ☑ Yes ☐ No | Telework Eligible: ☑ Yes ☐ No |
| CBID: R01 | Position Number: 806-405-4159-XXX |
| Bilingual Position: ☐ Yes ☑ No | Specify Language: Not Applicable |

This position requires the incumbent to perform their essential functions; maintain consistent and regular attendance in-person and/or virtually; to communicate effectively and professionally, both orally and in writing; to develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; to complete assignments in a timely manner; and to adhere to departmental policies and procedures regarding attendance and conduct including those outlined in the Health Administrative Manual and the DHCS Telework Program. To promote collaboration and connection, essential functions are generally in-person consistent with the DHCS Telework Program and pursuant to an approved Telework Agreement.

**Job Summary:**

Under direction of the Health Program Audit Manager I (HPAM I), the Associate Management Auditor (AMA) performs the more complex and difficult financial and/or management audits with minimal supervision for an inter-departmental anti-fraud investigatory body known as Provider Investigations. The incumbent must have the ability to act independently, be flexible, open-minded, and tactful in dealing with executive management and Special Investigations Unit Activity Leads. The incumbent works at the advanced journey level and must possess extensive knowledge of laws, rules, regulations, and audit procedures to provide expert testimony and justification.

The AMA revises, develops, and implements audit procedures and programs for Audits and Investigations. Provider Investigations comprises multidisciplinary staff (auditors, analysts, specialists, medical, and investigative staff) established to investigate Medi-Cal fraud and develop the basis for successful prosecution in 13 diverse Medi-Cal program areas, including: Community Clinics, Federally Qualified Health Centers, Drug Medi-Cal, Skilled Nursing Homes, Narcotic Treatment Providers, Adult Day Health Care, Mental Health, Home Health, Hospice, HIV and Antipsychotic Drugs, Transportation Operators, Pharmacies, and Residential Care Facilities.

Up to 15% of statewide overnight travel may be necessary to complete audits or attend meetings and other activities, as directed by management. The incumbent must be able to travel to provider sites and be flexible to travel on very short notice.

| Description of Duties: | |
|---|---|
| **% of Time** | **Essential Functions** |
| 45% | The AMA is the journey level auditor who, with very limited supervision, performs the more complex and difficult financial and/or management field audits of non-institutional providers and Medi-Cal managed care providers. Performs preliminary and detailed audit work, including lead auditor responsibility for organization of the audit, delegation of work assignments, and review of all work papers and audit exceptions. Responsible for the pre-audit analysis and scooping of reviews, the development of the most appropriate methodology to approach the review taking into consideration economy and efficiency and other factors and conditions related to the individual review, and the gathering of documentation and evidence in formulating recommendations and conclusions. Initiate the preparation of working papers and the calculation of overpayments. Initiate audit reviews related to provider inventory controls and billing practices to assess compliance and identify irregularities. Up to 15% of statewide overnight travel may be necessary to complete audits or attend meetings and other activities, as directed by management. Incumbent must be able to travel to provider sites and be flexible to travel on very short notice. |
| 35% | Provides expert testimony and justifies disputed audit findings at appeal hearings. Assists in developing and adapting standard audit programs to accomplish the audit objectives as required in individual cases when an individualized sample is appropriate. |
| 15% | Responsible for the review of managed care provider systems including administrative and operational areas, to determine compliance with regulations and contract requirements. Determine the amount of additional testing that will be required to reach a supportable conclusion. Assists in developing unit-level audit program plans, including audit methodology, scheduling, and resource allocation. Analyze applicable statutes and provider contracts to ensure audit findings are legally and contractually supported. Prepare and propose recommendations to reduce fraud and abuse in the Medi-Cal program. AMAs may assist the HPAM III in developing, implementing and/or conducting Core and Continuing Education training. |

| Description of Duties | |
|---|---|
| **% Of Time** | **Essential Functions** |
| | |
| **% Of Time** | **Marginal Functions** |
| 5% | Other duties as required. |

**Supervision Received:** Under Supervision by the (enter supervisor classification):
Health Program Audit Manager I.

**Supervision Exercised: (check all that apply)** ☑ Non-Supervisory Classification / None
☐ Clerical Staff ☐ Analytical Staff ☐ Technical Staff
☐ Professional Staff ☐ Supervisory Staff ☐ Managerial Staff

**Special Requirements:**
☐ Medical Evaluation /Clearance ☐ Typing Certificate ☐ Valid Driver's License
☑ Background Check / Finger Printing Clearance
☐ Valid Professional License (please specify): _____

**Desirable Qualifications:**

Knowledge of: Elementary statistics; organization and management in the public and private sector, current trends, and problems in governmental management; principles of electronic data processing, the uniform accounting system, and the financial organization and procedures of the State of California, policies, rules, and regulations of the Legislature, State Controller, State Treasurer, Department of Finance, and central control agencies as they relate to State agency financial and program management activities.

Ability to: Conduct financial and management duties of a variety of State agencies, governmental jurisdictions, and other entities; make investigations of accounting and financial organization procedures and problems; communicate effectively; and analyze data and take effective action.

**Working Conditions (Check all that apply):**
Prolonged Periods of:
☑ Standing ☑ Sitting ☐ Kneeling ☐ Bending
Travel May be Required:
☑ Occasional ☑ Over Night
Requires Lifting of Heavy Objects up to: _____

**Acknowledgements:**

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| Analyst Name: | Analyst Signature: | Date: |
|---|---|---|
| Mari Rodriguez | | 07/18/2025 |

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| Supervisor Name: | Supervisor Signature: | Date: |
|---|---|---|
| | | |

| Description of Duties: | |
|---|---|
| **% of Time** | **Essential Functions** |
| 50% | Under close supervision of the Health Program Audit Manager I, the SSMA works with more senior auditors to assist with compliance, financial and/or management audits. Assists the lead auditor though all stages of the assigned audits including obtaining an understanding of the program, beneficiary population, and Medi-Cal claims data. Perform pre-audit procedures that are required to understand the provider, develop and write the audit scope of work. Analyze paid claims data to test and validate services were rendered as billed. Due to the varied assignments each audit requires performing risk assessments, and developing overall audit strategies, audit plans and audit procedures. Collaborate with team members to complete working papers and write reports to support audit findings. Incumbent must be able to travel to health care provider's sites and be flexible to travel on short notice. Up to 15% of overnight travel may be necessary to complete audits or attend meetings and other activities, as directed by management. |
| 45% | Presents and supports audit findings during formal appeal hearings and gives testimony as required. Present findings to the management team concerning any identified potential false billing . |

| Description of Duties | |
|---|---|
| **% Of Time** | **Essential Functions** |
| | |
| **% Of Time** | **Marginal Functions** |
| 5% | Other duties as required. |

**Supervision Received:** Under Close Supervision by the (enter supervisor classification):
Health Program Audit Manager I.

**Supervision Exercised: (check all that apply)** ☑ Non-Supervisory Classification / None
☐ Clerical Staff ☐ Analytical Staff ☐ Technical Staff
☐ Professional Staff ☐ Supervisory Staff ☐ Managerial Staff

**Special Requirements:**
☐ Medical Evaluation /Clearance ☐ Typing Certificate ☐ Valid Driver's License
☑ Background Check / Finger Printing Clearance
☐ Valid Professional License (please specify): _____

**Desirable Qualifications:**
Knowledge of: Principles and practices of organizational management, accounting, and auditing.

Ability to: Learn and apply general and specialized accounting and management auditing principles and procedures as used in State Government.

**Working Conditions (Check all that apply):**
Prolonged Periods of:
☑ Standing ☑ Sitting ☐ Kneeling ☐ Bending
Travel May be Required:
☑ Occasional ☑ Over Night
Requires Lifting of Heavy Objects up to: _____

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| Supervisor Name: | Supervisor Signature: | Date: |
|---|---|---|
| | | |