



STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date:
09/16/26

Agency: Oregon Health Authority

Division: Medicaid

☐ New ☒ Revised

This position is:

- ☐ [Classified](#)
☐ [Unclassified](#)
☐ Executive Service
☒ Mgmt Svc – Supervisory
☐ Mgmt Svc – Managerial
☐ Mgmt Svc – Confidential

SECTION 1. POSITION INFORMATION

a. Classification Title: Health Policy & Program Manager 2
b. Classification No: X7334 c. REPR: MMS
d. Position No: 1021908
e. Working Title: Medicaid Home & Community Based Services & Transitions Policy Manager
f. Agency No: 44300
g. Section Title: Medicaid Policy | FFS Operations
h. Employee Name: Vacant
i. Work Location (City — County): Salem/Marion or Portland/Multnomah; Hybrid
j. Supervisor Name: Holly Heiberg
k. Position: ☒ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year
☒ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share
l. FLSA: ☒ Exempt If Exempt: ☒ Executive m. Eligible for Overtime: ☐ Yes
☐ Non-Exempt ☐ Professional ☒ No
☐ Administrative

SECTION 2. PROGRAM AND POSITION INFORMATION

a. Describe the program in which this position exists. Include program purpose, who's affected, size and scope. Include relationship to agency mission.

OHA values health equity, service excellence, integrity, leadership, partnership, innovation and transparency. OHA's health equity definition is "Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable distribution or

redistributing of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices.” OHA’s 10-year goal is to eliminate health inequities.

The Medicaid Division is aligned with the Oregon Health Authority’s core values of partnership, service excellence, leadership, integrity, health equity, innovation, and transparency. In our practice, these values are expressed through:

Health Equity:

- Addressing the clinical and social conditions, as well as the historical and contemporary injustices, which undermine health, so everyone can reach their full health potential.
- Considering the diversity of Oregon’s communities as we make decisions about how policy and practice are developed, and how resources are distributed.
- Respecting diverse cultures, populations, histories, and health practices; ensuring a diverse workforce and inclusive work environment.

Service Excellence:

- Exceeding expectations and being committed to delivering responsive, efficient, and effective solutions.

Integrity:

- Being accountable for maintaining the highest standards and outcomes in all aspects of our work; being a good steward of public trust and resources.
- Ensuring decisions are informed, fiscally responsible, open, and easily understood.

Leadership:

- Ensuring every employee has the ability and opportunity to help make changes that improve health and transform health care.
- Leading improvement in health through innovative strategies and creative solutions.

Partnership:

- Seeking out, listening to, and collaborating with partners across diverse communities; respecting internal and external ideas and opinions.
- Working with key invested partners and communities to protect and promote the health of all people in Oregon.

Innovation:

- Not being satisfied with the status quo and seeking new and better ways to meet the needs of the people we serve with creativity and openness.
- Pursuing opportunities to develop new evidence to evolve our practices.

Transparency:

- Communicating honestly and openly, ensuring our actions are upfront and visible.
- Providing open access to information and meaningful opportunities to provide input and participate in our decision-making.

Medicaid Division description:

OHA is home to most of the state’s publicly supported health programs. OHA divisions include Behavioral Health, Equity and Inclusion, Fiscal and Operations, Health Policy and Analytics, Medicaid, Public Health, and the Oregon State Hospital.

The Medicaid Division is responsible for the design, development, implementation, monitoring, evaluation, and improvement of publicly funded Medicaid programs and related health programs, which includes the Oregon Health Plan (OHP), Healthier Oregon, the OHP-Bridge Program, and initiatives under 1115 demonstration waivers, state plan authorities, and 1915 home and community-based services waivers. The Division is the Single State Medicaid agency authorized to enter into agreements with the federal government for the state of Oregon. The division defines and manages the Oregon Administrative Rules divisions that govern OHP-covered health care services, eligible fee for service health care providers and participating managed care plans, including Coordinated Care Organizations (CCOs), to ensure programs and services are delivered effectively, equitably, and in compliance with state and federal regulations.

Medicaid, and the related health programs the division oversees, provides coverage for health care and related services for Oregonians with low income. Currently, one out of every three Oregonians receive healthcare through Medicaid programs. These programs play a crucial role in improving health care access, promoting health equity, and reducing disparities across the state. The collective and collaborative effort of division management and staff are essential in helping OHA achieve its vision and aim to produce better and more equitable health outcomes and move closer to our strategic goal to eliminate health inequities by 2030.

Unit/Program Description:

Medicaid Policy & Fee-For-Service (FFS) Operations section is responsible for developing and maintaining Medicaid policies that codify and clarify benefit design, delivery, and access to Oregon Health Plan services. The section also maintains Fee-for-Service (FFS) operations and the Open Card health care system for over 105,000 Medicaid members with an ongoing commitment to invest in transforming Open Card to create a statewide, person-centered system of care.

- b. Describe the primary purpose of this position, and how it functions within this program. Complete this statement. The primary purpose of this position is to:**

The primary purpose of this position is to lead the development, implementation, and oversight of Medicaid policies and programs that support Home and Community-Based Services (HCBS) and care transitions across Oregon's health system. This role oversees a wide portfolio of programs and policies, along with the workforce essential to ensuring supports and services are delivered in the least restrictive, most supportive environments and that facilitate transitions across the care continuum. These programs serve Oregon Health Plan (OHP) members who often have needs spanning multiple service systems – such as behavioral health, physical health, and social supports – or who are experiencing significant transitions that require coordinated and specialized services. The portfolio includes Home and Community-Based Services (HCBS), Traditional Health Workers (THWs), hospice, home health, private duty nursing (PDN), administrative medical exams, Pre-Admission Screening and Resident Review (PASRR), services for individuals who are dually eligible for Medicare and Medicaid, and pharmaceutical services. Through authoritative policy leadership, strategic planning, and regulatory direction, the position ensures statewide compliance with federal and state requirements, alignment with the Medicaid State Plan, and responsiveness to emerging system needs.

The position manages a multidisciplinary team responsible for policy development, implementation, and operations to ensure programs function efficiently, align with OHA's mission and values, and comply with federal and state requirements. In addition to driving statewide program strategy, the

position provides operational, fiscal, and cross-agency leadership to ensure effective, equitable, and sustainable service delivery. This includes prioritizing and assigning work, resolving escalated issues, shaping budget strategies, allocating resources, and overseeing procurements and contracts. The role informs and influences long-range system direction and strengthens partnerships across OHA divisions, ODHS, federal partners, providers, and community partners – vetting and elevating key recommendations to Medicaid leadership to support coordinated, compliant, and forward-looking management of OHA’s HCBS programs and care transition continuum.

This position will collaborate with diverse populations most harmed by social injustice and inequities and will demonstrate the ability to build and steward positive, collaborative and partnership-based relationships with diverse community groups including communities of color, immigrant groups, the disability and neurodivergent communities, veterans, older adults, individuals identifying as LGBTQIA2S+ and other communities that have been traditionally marginalized.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark “N” for new duties, “R” for revised duties or “NC” for no change in duties. Indicate whether the duty is an “Essential” (E) or “Non-Essential” (NE) function.

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit “Enter”.

% of Time	N/R/NC	E/NE	DUTIES
At all times		E	Align Conduct with OHA’s Values and 2030 Strategic Goal • Demonstrate awareness, understanding and alignment in service delivery with the OHA Core Values of Health Equity, Service Excellence, Integrity, Leadership, Partnership, Innovation, and Transparency. • In addition to the cultivation of equitable practices across all aspects of the position description, learn and apply knowledge and skills to interrupt systemic racism and oppression of groups most impacted by historical and contemporary racism and social injustices; Invite and facilitate the equitable distribution or redistribution of resources and power. • Lead and recognize the value of individual and cultural difference; demonstrate evidence of ongoing development of personal cultural awareness and humility; create and foster an inclusive work environment that is respectful and accepting of diversity and where talents and abilities are valued. • Contribute to a positive and productive work environment; perform all duties in a safe manner; and comply with all policies and procedures. • Model professional behavior. Interrupt and report inappropriate behaviors, especially those in violation of policy; take proactive action, facilitate reparation, promote restorative

			justice, and support healing and dignity for those who experience harm. • Model a commitment to and actively influence and shape OHA's 2030 goal of eliminating health inequities; establish awareness, understanding, and application of principles related to creating and sustaining culturally responsive, anti-racist, inclusive, and trauma-informed services, approaches, policies, and practices. • Hold awareness and be attentive to the direct and indirect accountabilities and opportunities within the Medicaid Division to positively impact and influence the goals, strategies, actions, and measures outlined in OHA's strategic plan (2024-2027). • Use language that promotes equity, engagement, asset-framing, and power-sharing; when crafting written content or correspondence, reference and adhere to equity-centered communication guidelines outlined in the OHA/ODHS Writing Style Guide and OHA Graphic Standards Manual.
30%		E	Program / Policy Development, Implementation & Oversight: • Lead Medicaid policy, program, and operational planning, development, and execution across diverse program and benefit areas related to Home & Community Based Services and Transitions with aim to facilitate and ensure care is delivered in the least restrictive setting and an adequate and supportive care transitions continuum. This includes oversight of the following Medicaid program areas: Home & Community Based Services (HCBS); Medicaid Peer Traditional Health and Maternal Health Workers; Home Health, Hospice, Private Duty Nursing; Care Transition Continuum; Medicare-Medicaid Dual Eligible; and Pharmacy. • Provide operational and strategic oversight across all facets of design, implementation, cross-agency coordination and alignment, quality assurance, and compliance of HCBS programs, including 1915(i) State Plan Option, State Plan Personal Care, Agency with Choice, and future 1915(k) options. Direct and shape strategies that seek to enhance, expand, or evolve the needs assessment determination and delivery of psychosocial rehabilitation, residential habilitation, community-based integrated supports, and in-home personal care services. • Understand the limitations of HCBS and lead complementary transitional service policy development for hospice, home health, private duty nursing, Pre-Admission and Screening Resident Review (PASRR), Medicaid/Medicare dual eligible services and pharmaceutical access. • Interpret and inform statewide policies and directives, as well as federal laws and regulations, in context of Medicaid policy

			across diverse benefit areas related to OHP Provider Network and Workforce Development to ensure the agency complies with Title XIX (Medicaid) and XXI (Children's Health Insurance Program; CHIP) of the Social Security Act, the Medicaid State Plan, Centers for Medicare and Medicaid Services (CMS) authorities including Section 1115 and Section 1915 waivers, Code of Federal Regulations, Oregon Revised Statutes, and Oregon Administrative Rules. • Direct, vet, and oversee the drafting, revision, and maintenance of Oregon Administrative Rules (OARs), policies, operational guidance and program procedures, rate setting, internal controls, and documentation systems that support accurate, compliant and efficient implementation of Medicaid policy across diverse program and benefit areas related to Home & Community Based Services and Transitions. Provide leadership oversight, guidance, decision-making, escalation, and critical resolution as needed. • Ensure policies are effectively translated into operational practice with aim of building, supporting and sustaining adequate Home & Community Based Services and care transitions continuum and facilitating equitable access and outcomes. • Identify and plan for emerging issues, risks and opportunities within Medicaid programs; provide recommendations and advance strategies that promote innovation, equitable cost-effective service delivery, and improved outcomes as it relates to Home & Community Based Services and Transitions. • Guide, vet, and validate the collaborative development of comprehensive policy briefs, issue analyses, process and outcome reporting, and strategic recommendations on Medicaid policy across diverse program and benefit areas related to Home & Community Based Services and Transitions; coordinate and orchestrate decision-making with OHA and Medicaid leadership, other state agencies, legislators, and CMS.
15%		E	Program / Policy Strategic Planning & Systems Alignment: • Lead planning for Medicaid policy across diverse program and benefit areas related to Home & Community Based Services and Transitions by communicating agency priorities to program leads, promoting integrated and cross-program understanding (across Medicaid Policy teams, Quality Assurance teams, Provider Services and Provider Enrollment teams, etc.) and fostering collaborative design and decision-making across OHA divisions (including Behavioral Health, Public Health, Health Policy & Analytics, Equity & Inclusion,

			and the Office of Actuarial and Financial Analytics) and with other state agencies (including the Oregon Department of Human Services; ODHS). • Inform and influence direction and oversee the implementation of long-term program strategies and priorities across the full portfolio of program and benefit areas related to Home & Community Based Services and Transitions, ensuring alignment with OHA strategic goals, federal direction and emerging system needs. Contribution to long-term strategy and planning includes but is not limited to writing and contributing to legislative concepts, policy option packages, CCO contract revisions, state plan amendments, and federal Medicaid waivers. • Contribute to the development, monitoring, and revision of MOUs/IAs with ODHS and other state agencies and partners to clarify roles, timelines, data sharing, reporting, and escalation pathways.
10%		E	Systems & Organizational Improvement: • Provide subject matter expertise to identify and prioritize system-level improvements, align policy direction, and advance integrated service delivery models in collaboration with leadership across OHA divisions and other state agencies, especially ODHS. Participate in joint leadership meetings and planning. • Direct, vet, and oversee analysis of program performance, service utilization patterns, quality metrics, and member experience and the development of evaluation frameworks for Medicaid policy across diverse program and benefit areas related to Home & Community Based Services and Transitions to identify trends, gaps, and improvement opportunities with aim to strengthen program access, equity, quality and sustainability. • Lead development of a comprehensive enterprise-wide case management system for statewide HCBS services and transitional service needs; provide operational and policy expertise to inform system design that facilitates effective case management for individuals regardless of physical or behavioral health drivers and across the lifespan. Work in coordination and collaboration with ODHS to ensure aligned strategic planning, communication, state and federal accountabilities and resourcing requests, and implementation.
10%		E	Legislative Strategy: • Monitor and track federal and state legislation, external health policy analyses and thought papers; evaluate impact on Medicaid policy across diverse program and benefit areas

			related to Home & Community Based Services and Transitions; advise OHA and Medicaid leadership and initiate or coordinate legislative changes to support policy options, or plan changes to systems, operations, or procedures in response to legislation and emerging policy implications. • Guide, validate, and further expand on efforts by program leads and policy analysts in contributing subject matter expertise to state legislation bill analyses to ensure policy, programmatic, operational, and equity risks, impacts and possibilities are clearly outlined and considered. • Translate legislation into strategic direction, program goals, administrative rules, guidance, project management plans, and systems for tracking and implementing mandated changes as it relates to Medicaid policy across diverse program and benefit areas related to Home & Community Based Services and Transitions. • As a subject matter expert on Medicaid policy across diverse program and benefit areas related to Home & Community Based Services and Transitions, guide, contribute to, or review and validate OHA Medicaid Division testimony for legislative hearings and prepare responses to legislative inquiries, advocate correspondence, federal agency correspondence, community complaints, and organizational surveys, including drafting responses for the Medicaid Director's signature.
5%		E	Community and Partner Engagement: • Serve as primary point of contact for internal leadership and staff and external members, community partners, and providers on Medicaid policy across diverse program and benefit areas related to Home & Community Based Services, Transitional Services, and Pharmacy. • Ensure timely, clear, and accurate communication of Medicaid program updates, policy changes, and strategic priorities through briefings, presentations, written materials, and participation in meetings or work groups. Explain policy and the needs of clients served by Medicaid and the Oregon Health Plan, ensuring shared understanding of policy intent, program impacts, and system goals. • Respond to complex inquiries and concerns; provide or delegate team members to provide technical assistance, resolve issues, and elevate matters as appropriate. • Represent the unit in response to media inquiries on OHA policy and/or response to critical incidents. • Represent Medicaid policy and program areas with OHA and state agency leadership, the Governor's Office, legislative partners, federal agencies, Tribal governments, community-based organizations, provider groups and advocacy partners.

			Develop and maintain collaborative relationships; take action to strengthen relationships and establish new relationships as needed. • Demonstrate commitment and co-design viable structure, resourcing, communication pathways, and clear expectations to facilitate intentional engagement regarding Medicaid policy and program design and decision-making across teams, divisions, other state agencies and with external partners and communities. • Promote a team culture that listens to members and partners, ensures diverse voices and perspectives are invited and represented, and uses feedback and input to inform program and policy development and to design coordinated and equitable service delivery.
5%		E	Fiscal & Operations Oversight: • Develop fiscally viable plans for achieving program objectives and operational goals. Develop justifications for budgetary recommendations and/or adjustments. • Participate in strategic discussions regarding additional funding for staffing and resources. Analyze financial information to plan programmatic changes or make recommendations to the Medicaid Director and Deputy Directors to meet programmatic goals. • Monitor and analyze expenditures in keeping with workflow, program goals and achievements, and authorized expenditure levels. Monitor expenditures and service revenues; assist in maintaining budgetary control and meeting budgeted productivity targets. • Authorize and oversee procurements, contracts, interagency agreements, and vendor relationships as needed for operational implementation, monitoring expenditures and performance, resolving operational issues, and ensuring service delivery aligns with program requirements. Act as signing authority for the agency within delegated authorization. • Support budget planning and resource forecasting by assessing program demands, anticipated regulatory changes, operational needs and the long-term impact of policy decisions. • In concert with the Medicaid Director and Deputy Directors, find new revenue sources for programs/services and explore new business opportunities.

20%		E	Daily Operations and Supervision: • Provide leadership, operational oversight, analysis and advocacy for daily business operations and administrative functions under the purview of the Medicaid Home & Community Services and Transitions program areas, with focus on assuring meaningful access to Home and Community Based Services. Direct/adjust workflows, coordinate cross-functional activities, and facilitate timely completion of program commitments. • Identify operational issues, risks and emerging challenges; lead problem-solving processes and provide complex administrative and technical consultation to internal professional staff, quality/risk management, internal partners and external contracted subcontractors in order to ensure regulatory, contractual and risk related compliance. • Plan, prioritize, and assign work according to the nature of the job to be accomplished, internal and external agreements, expectations and interdependencies, the capabilities of direct reports, and available resources. Monitor and gather qualitative and quantitative data to assess and ensure consistent performance and service quality. • Proactively engage in hiring and position management activities, including ensuring relevant and updated position descriptions for all staff; projecting resource needs as a result of new or revised requirements, investments, or initiatives; participating in recruitment actions according to practices, guidelines, and expectations outlined within OHA's equitable hiring strategies toolkit/policies and Medicaid Division's hire process manual. • Provide ongoing supervision for direct reports through regular 1:1 confer and quarterly performance evaluation and feedback touchpoints as well as periodic review when needed. Advise, coach, and consult regarding employee performance (capacity, competency, relational dynamics) and other human resource issues. • Ensure staff understand and apply federal and state requirements, program policies, operational procedures, and equity-centered principles in their daily work; provide technical support and clarification as questions or issues arise. • Determine direct reports' training needs and arrange for training. Monitor work assignments, workload capacity, work-life wellness, and engagement of staff on an individual and collective team level. • Mentor and foster professional development of lead workers, and senior analysts; co-develop strategies to enhance communication skills in the areas of giving and receiving
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			constructive feedback, facilitating conflict resolution, negotiating solutions, and promoting personal staff and team effectiveness. In addition, develop their skills and knowledge in optimizing technical/data systems and project management and collaboration tools used to gather, analyze, synthesize, and report information and trends. • Establish, promote, and clarify guidelines for expected professional and interpersonal behaviors, methods for reporting inappropriate behaviors, and processes to escalate issues or concerns. • Work in collaboration with human resources and labor relations to review and address personnel actions.
5%		NE	• Other duties as assigned.

SECTION 4. WORKING CONDITIONS

Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions.

The person in this position will work a professional work week, Monday through Friday. Some evening and/or weekend work is normal in this position.

The job requires frequent preparation, presentation, and/or response to technical and professional material against assigned deadlines. Work product is most often highly visible, and of significant interest to legislative representatives, multiple partner groups and/or state agencies and associations. Workload and priorities fluctuate and can involve highly complicated, sensitive, and/or political issues. May experience stressful situations due to unchangeable project and program timelines. Navigates time-sensitive, politically charged issues that require ability to make informed decisions and considerations that impact diverse populations that are most affected by health inequities.

This leadership position relies upon positive, productive, and respectful engagement with leadership and subject matter experts within the Division, across the Agency / state agencies, representatives of local government / governor's office, and with key invested members, partners, and providers within Oregon communities.

Moderate local and in-state travel is required. Occasional out-of-state travel may be required.

This is a hybrid role that will require occasional in-person time, with an intermix of OHA state office buildings and community settings. As agency business and operational needs allow, there is flexibility to perform work remotely within the defined workweek.

When working remotely, the current structure relies upon Division issued equipment, utilizing the employee's internet network and activation of secure network software to connect to OHA's Virtual Private Network, and utilizing on camera virtual meetings.

Frequent contact and work with a variety of staff, colleagues, and partners in a variety of office, virtual and meeting room settings is expected. Open office environment or virtual environment with frequent

interruptions while working on multiple projects simultaneously. Continuous use of computer and communication devices/ applications. Multiple communication streams including email, instant message, and cell phone. These are daily conditions.

SECTION 5. GUIDELINES

a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures:

- Federal Regulations (including but not limited to Medicare and Medicaid regulations and Health Insurance Portability and Accountability Act)
- National best practices and fidelity models promoted by key federal agencies
- NAMD and NASHP publications
- Oregon Revised Statutes
- Oregon Administrative Rules
- Billing codes and practices, including HCPCS and CPT procedural codes, ICD-9 and -10 CM diagnosis codes, NDC codes as applicable, DSM-5, DC:0-5, and National Correct Coding Initiative
- Program budget, expenditure and utilization reports, program operations claim status and error reports related to assigned medical program and service areas
- OHA/Coordinated Care Organization Contracts
- Oregon state plan amendments, waivers and demonstration projects with the Centers for Medicare and Medicaid Services (CMS)
- State laws, rules, and contract requirements relating to Medicaid services
- Oregon Procurement Laws and Guidelines
- OHA/ODHS Writing Style Guide and Graphics Manual
- OHA/ODHS Human Resource policies and procedures
- Oregon Department of Administrative Services (DAS) policies and procedures
- Departmental and office policies and procedures
- Workday procedures
- Collective Bargaining Agreement
- Local requirements as appropriate
- OHA Tribal Consultation & Urban Indian Health Program Confer Policy
- Trauma Informed Approaches
- Organizational Effectiveness strategies
- Continuous Improvement strategies

b. How are these guidelines used?

As parameters and reference to perform as an expert and to effectively consult and act as a liaison with leadership and staff in shaping, defining and prioritizing activities and priorities.

As parameters and reference to assure compliance with best practice and applicable laws, rules, policies and regulations and cost allocation. May also serve to guide strategic planning. The work of

OHA is governed and administered within the context of these laws, rules and policies.

These guidelines provide basic data for ongoing management and establishing, monitoring, and coordinating program policies and procedures for the assigned programs within the legislatively approved budget.

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact? When applicable, please identify contacts that might be virtual/ in-person, or both.

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

Who Contacted	How	Purpose	How Often?
OHA Senior Management; Other State Agency Senior Management (ODHS, OYA, ODE, etc.)	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; collaborate and coordinate on policies and programs; provide and receive direction or consultation; answer questions; gather input; enforce policies, regulations and contracts; negotiate agreements	Weekly, as needed
OHA Staff; Other State Agency Staff	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; collaborate and coordinate on policies and programs; provide and receive direction or consultation; provide technical assistance; answer questions; gather input; enforce policies, regulations and contracts; negotiate agreements	Daily, as needed
Department of Justice (DOJ)	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; provide and receive direction or consultation as it relates to regulations, rules, contracts and the implications of policy or program actions or activities	As needed
OHP recipients and people with lived experience	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report)	Listen and engage to identify opportunities, co-design solutions, reconcile concerns with commitment to improve services, supports, programs and policies	Weekly, as needed
Community Based Organizations; Culturally specific Organizations	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; collaborate and coordinate on policies and programs; provide and receive direction or consultation; provide technical assistance; answer	Weekly, as needed

		questions; gather input	
Providers, including treatment service providers / professionals, CCOs, Tribal providers, local and county programs)	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; collaborate and coordinate on policies and programs; provide and receive direction or consultation; provide technical assistance; answer questions; gather input; enforce policies, regulations and contracts	As needed
Tribal governments	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; collaborate and coordinate on policies and programs; provide and receive direction or consultation; provide technical assistance; answer questions; gather input; enforce policies, regulations and contracts	As needed
Centers for Medicare and Medicaid Services (CMS); Federal Agencies	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Provide and discuss information and data; receive direction or consultation; receive technical assistance and discuss issues; respond to request for information; review policy changes, interpretations, and implications	As needed
Legislators, their offices and legislative staff; Governor's Office and staff	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; provide and receive direction or consultation; provide technical assistance; answer questions; gather input; provide bill analysis; prepare hearing testimony	As needed

SECTION 7. POSITION-RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions:

Always determine the impact of programs, policies, operations, budgets, and all other aspects of the program on health equity.

Ensure decisions prioritize the equitable distribution or redistribution of resources and power and recognize, reconcile and rectify historical and contemporary injustices.

Make authoritative decisions and vet or elevate recommendations to Medicaid leadership to set direction for statewide HCBS and care transitions policy by determining program priorities, approving policy designs, and making final decisions on alignment with federal authorities, the Medicaid State

Plan, and emerging system needs.

Authorize and validate regulatory and operational structures, and elevate policy recommendations as needed to Medicaid leadership, by deciding on the content of administrative rules, operational guidance, rate methodologies, quality frameworks, and compliance controls that govern HCBS and transitional service delivery.

Inform and influence strategic direction and make long-range cross-agency and system-level decisions to align OHA and ODHS HCBS programs, resolve interagency roles or conflicts, and approve strategies such as waivers, SPAs, MOUs, contract changes, and enterprise system design—vetting and elevating key issues to Medicaid leadership as appropriate.

Exercise fiscal and operational authority and make decisions related to budget strategies, resource allocation, procurements, staffing needs, performance expectations, and escalation pathways to ensure program viability, compliance, and effective statewide operations.

The decisions made by this position are typically Policy and service-related with the potential for long term (known and unforeseen) impact on state and federal resources as well as the health and well-being of the people of Oregon, and, in particular, diverse population groups that are most impacted by health inequities. Decisions impact the success of individual projects, policy direction, and service delivery for recipients of medical assistance programs. Decisions made will likely result in political and public reactions to policy changes.

The decisions in this position require a high degree of complicated conceptual, critical, and analytical thinking as well as knowledge of medical/health programs, practices, standards and budgets. The person in this position must apply these skills and knowledge within the limitations and opportunities extant in state and federal law, rule, and guidance. These decisions significantly influence the management of expenditures and access to quality medical care for the 1.4 million recipients of medical assistance within Oregon.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit “Enter”.

Classification Title	Position Number	How	How Often	Purpose of Review
Health Policy & Program Administrator 1 (HPPA1)	1019560	Virtually, In person, Phone, Email, written form	Daily to Weekly, and as needed	Discuss project and program strategy and design decisions; Ensure project and program decisions meet federal, agency and user requirements; Promote quality assurance, strategic plan alignment, and equitable outcomes; Discuss and review goals, performance, expectations and training needs; Promote problem-solving and solution-seeking

SECTION 9. OVERSIGHT FUNCTIONS

- a. How many employees are directly supervised by this position? 14
- How many employees are supervised through a subordinate supervisor? 0
- b. Which of the following activities does this position do?
- | | |
|---|--|
| ☒ Plan work | ☒ Coordinates schedules |
| ☒ Assigns work | ☒ Hires and discharges |
| ☒ Approves work | ☒ Recommends hiring |
| ☒ Responds to grievances | ☒ Gives input for performance evaluations |
| ☒ Disciplines and rewards | ☒ Prepares and signs performance evaluations |

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: List any knowledge and skills needed at time of hire that are not already required in the classification specification.

All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.

Experience leading the development and implementation of policies and programs at the community, state, and/or national level that advance health equity (address systemic health disparities, expand culturally responsive and inclusive services, factor in social determinants of health) and elevate the voice of community and those with lived experience.

Knowledge of health services delivery systems, particularly the Oregon Health Plan/ Medicaid administration in Oregon, including experience working with Coordinated Care Organizations, social safety net programs, health service providers (including Community Mental Health Programs and other behavioral health service providers), or community-based organizations to guide operations and policies.

Knowledge of legislative and regulatory processes; experience analyzing, applying and advising on relevant federal and state laws and regulations as well as legislative concepts/bills; specific knowledge of Oregon Administrative Rules and Oregon Revised Statutes.

Knowledge and experience developing, implementing, and refining policies included in the Medicaid state plan or other waiver authorities with Centers for Medicare and Medicaid Services (CMS). Familiarity with varying funding streams for statewide and community investment and value-based payment mechanisms.

Strong oral and written communication skills across a variety of forums; experience communicating across a variety of forums; experience communicating qualitative and quantitative information, verbal and written, that are accessible to and understood by audiences with different levels of comprehension or interest and that are culturally responsive, inclusive, and appropriate.

Ability to provide organizational leadership to foster inter-and cross-agency collaboration and to shape systems-wide community centered policies, programs, and continuous (performance / quality / process) improvement strategies. Experience in effectively managing teams and fostering a trusting team culture. Ability to provide financial and budget management, tracking and oversight for larger scale efforts or program / team accountability.

Ability to navigate complex relationships through collaborative problem-solving, consensus-building, and solution-focused approaches, recognizing positionality and fostering power-sharing dynamics. Experience facilitating meetings with a variety of key partners, including internal teams, community members/groups, health service providers, government officials and legislators.

Experience and knowledge evaluating and synthesizing quantitative and qualitative data to analyze and measure the effectiveness, efficiency, and impact of administrative and technical programs within the context of health policy / healthcare services. Experience presenting and articulating the value and relevance of research and evaluation data to facilitate quality assurance, strategic planning, and decision-making.

Demonstrated project management experience, including ability to effectively manage multiple project timelines and priorities and promote human-centered change management.

Knowledge about contracts/interagency agreement administration, procurement, and grant administration within the context of Oregon state government (e.g. OHA/ODHS) or other complex health services delivery organizations.

Ability to demonstrate advanced Microsoft Excel, Word, PowerPoint and Outlook skillset; and skilled use of collaboration tools such as Microsoft Teams, SharePoint, and Smartsheet.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following:

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

Operating Area	Biennial Amount (\$00,000.00)	Fund Type
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SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, employee name and position number.

SECTION 12. SIGNATURES

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date