[Click here to link to instructions](https://apps.state.or.us/Forms/Served/oe0105h.doc) **All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.**

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|  | **STATE OF OREGON**Oregon Health Authority (OHA)POSITION DESCRIPTION | **Position Revised Date:**     **This position is:** |
| **Agency:** Oregon Health Authority**Division:** Equity and Inclusion [ ]  New [ ]  Revised | [x]  [Classified](http://egov.oregon.gov/DAS/HR/docs/class/ClassGuidefin.pdf)[ ]  [Unclassified](http://egov.oregon.gov/DAS/HR/docs/class/ClassGuidefin.pdf)[ ]  Executive Service[ ]  Mgmt Svc – Supervisory[ ]  Mgmt Svc – Managerial[ ]  Mgmt Svc – Confidential |
| **SECTION 1. POSITION INFORMATION** |
|  **a.** Classification Title: | AS2 |
| **b.** Classification No: | C0108 |  **c.** Effective Date: |       |
| **d.** Position No: | 1021206 |  |
| **e.** Working Title: | Health Care Interpreter Program Assistant |
| **f.** Agency No: | 44300 |  |
|  **g.** Section Title: | Office of Equity and Inclusion |
|  **h.** Employee Name: |       |
|  **i.** Work Location (City — County): | Portland - Multnomah |
|  **j.** Supervisor Name: | Shelley Das, Equity and Policy Manager |
|  **k.** Position: | [x]  Permanent [ ]  Seasonal [ ]  Limited Duration [ ]  Academic Year[x]  Full-Time [ ]  Part-Time [ ]  Intermittent [ ]  Job Share |
|  **l.** FLSA: | [ ]  Exempt[x]  Non-Exempt | If Exempt: | [ ]  Executive[ ]  Professional[ ]  Administrative | **m.** Eligible for Overtime: | [x]  Yes[ ]  No |

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| SECTION 2. PROGRAM AND POSITION INFORMATION |

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

Oregon Health Authority (OHA) is the organization at the forefront of lowering and containing costs, improving quality, and increasing access to health care in order to improve the lifelong health of Oregonians. OHA is responsible for most state health services and for implementing the health care reforms in House Bill 2009. OHA is overseen by the nine-member citizen Oregon Health Policy Board working toward comprehensive health and health care reform in our state.

The OHA mission is helping people and communities achieve optimum physical, mental and social well-being through partnership, prevention and access to quality, affordable health care. OHA’s work is organized into three broad goals: Improve the lifelong health of all Oregonians, increase the quality, reliability and availability of care for all Oregonians and lower or contain the cost of care so it is affordable to everyone.

OHA values service excellence, leadership, integrity, health equity and partnership.

This position will work within the Office of Equity and Inclusion to carry out the administrative functions of the Health Care Interpreter Program.

**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 provide administrative support to the Heatlh Care Interpreter (HCI) Programs. Key tasks include: 1) Provide administrative and staffing support to advisory councils and working committees established to develop and guide health care interpreter qualification and certification processes conducted by the Oregon Health Authority; 2) Enter data into the health care interpreter registry and produce registry reports; 3) Respond to inquiries regarding health care interpreter program, including testing and certification processes of health care interpreters.

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| **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** |

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| --- | --- | --- | --- |
| 10% |  | E | Provide administrative support to the Health Care Interpreter (HCI) Council and sub-committees, including scheduling meetings, preparing and disseminating meeting agendas and materials, preparing and disseminating minutes. |
| 50% |  | E | Scan and process HCI applications, and all related correspondence; Enter HCI registration information into program database/registry.  |
| 10% |  | E | Respond to requests for interpreters and equipment:• Receive and respond to requests for interpreters from OHA staff.• Troubleshoot interpreter services requests.• Checkout and account for simultaneous interpreter equipment. |
| 15% |  | E | Prepare correspondence and program materials to inform stakeholders of program content, changes and updates. Respond to questions about the program and/or refer inquiries as appropriate.  |
| 15% |  | E | Review data, run data reports and provide updates to coordinator, policy lead, manager and other stakeholders. |

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| **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.**

Work is primarily performed within an office environment, with some contact with the public. Occasional extended hours may be required. Access to sensitive materials/information and confidentiality is required. Occasional travel for meetings may be required, primarily between Salem and Portland.

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| **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:**

Oregon Administrative Rules and Oregon Revised Statutes, Department of Administrative Services Rules and policies, OHA Policy Manual, Collective Bargaining Agreements, Discrimination and Harassment Policy and Complaint Procedure, Non-Discrimination Policy for the Public.

**b. How are these guidelines used?**

Guidelines are used as needed for policy guidance to verify information, research and to respond to inquires. Must be knowledgeable of Agency rules and procedures, organization and responsibilities in order to respond and provide services supporting the mission and goals of the office.

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| **SECTION 6. WORK CONTACTS** |
| **With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact?*****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?** |

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| OEI Managers/Coordinators | In Person, phone, email, written | Exchange information, support requests | Daily |
| OEI Partner Orgs. | In Person, phone, email, written | Exchange information, support requests | Daily |
| General Public | In Person, phone, email, written | Exchange information, support requests | Daily |

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| **SECTION 7. POSITION-RELATED DECISION MAKING** |

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

Determines work methods and prioritization of work, including handling of correspondence and expenditure requests, to assure timely response to the Office and individual project needs. Determines what information needs to be forwarded to OEI managers or staff, or OHA managers in a timely manner. Determines what information is confidential and ensures that the information is forwarded to the appropriate manager. Failure to meet deadlines may result in slowing the availability of information, reports, or materials needed to carry out the mission of the Office.

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| **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** |

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| PEME - Equity Manager | 0000186 | In person meetings, email, phone |  Weekly | Planning and overall work coordination, review and approval of final work product |
| OPA3 – HCI Program Manager |  | In person meetings, email, phone | Daily | Review of work products, direction and coordination of work activities |
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| **SECTION 9. OVERSIGHT FUNCTIONS** |
| **a.** | **How many employees are directly supervised by this position?** | 0 |  |
|  | **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 |

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| **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.**

Strong organizational and time management skills.

Ability to work with frequent interruptions.

Strong computer skills in Microsoft Office Suite, including Word, Outlook, Excel, PowerPoint.

Strong skills in database formats and accurate data entry.

Strong knowledge of data and document management processes.

Ability to maintain confidentiality and comply with information security policies.

Demonstrated experience providing excellent customer service in person, and through phone and email.

Demonstrated experience working with culturally and linguistically diverse communities

Demonstrated experience providing support to committees or councils.

Detail oriented with attention to accuracy and ability to grasp larger concepts.

Demonstrated commitment to provide excellent, culturally competent service to internal and external customers.

Final candidates will be tested for the necessary computer efficiency.

Demonstrated ability to create and maintain a work environment that is respectful and accepting of numerous dimensions of diversity.

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| **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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| N/A |  |  |
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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. |

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| SECTION 12. SIGNATURES |
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| Employee Signature |  | Date |  |
|  |  |       |  |
| Supervisor Signature |  | Date |  |
|  |  |       |  |
| Appointing Authority Signature |  | Date |  |