Click here to link to instructions **All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.**

STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date: 09/30/26

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: Operations & Policy Analyst 3
b. Classification No: C0872 **c.** Effective Date: 01/01/26
d. Position No: 2730891
e. Working Title: Care Transition Continuum Policy Analyst
f. Agency No: 44300
g. Section Title: Medicaid Policy; Home and Community Based Services & Transitions
h. Employee Name: Vacant
i. Work Location (City — County): Salem/Marion or Portland/Multnomah; Hybrid
j. Supervisor Name: Vacant – Home and Community Based Services & Transitions Manager
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.

The 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 95,000 Medicaid members with an ongoing commitment to invest in transforming Open Card to create a statewide, person-centered system of care. Policy and program units are responsible to write Oregon Administrative Rules (OAR), direct coverage policy, direct provider enrollment and provider billing policy, issue guidance, lead rate setting and provide subject matter expertise.

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:

This position serves as the statewide policy, operations, and compliance lead for Oregon’s Medicaid care-transition continuum, ensuring consistent, legally sound, and high-quality practices from hospital discharge through post-acute skilled care, Post-Hospital Extended Care (PHEC) benefit, Enhanced Care Services/Enhanced Care Outreach Services, and PASRR processes. The role conducts comprehensive policy analysis across these interconnected transition points, evaluates statutory, regulatory, legislative, and operational impacts, and determines the policy direction and operational frameworks needed to translate state and federal requirements into effective statewide practice. It guides leadership and partners by assessing system risks, fiscal impact, identifying and mitigating operational implications, and shaping policies, workflows, and decision tools that uphold Medicaid care transition goals.

The position also oversees operations, compliance, and quality assurance activities that ensure statewide alignment and accountability across the care transition system. It evaluates performance data, identifies system gaps, and makes decisions that strengthen care transition quality, audit readiness, and adherence to state and federal standards. By coordinating multi-agency partners, leading procurements and contractor oversight, resolving complex case scenarios, monitoring business systems for reimbursement accuracy, and maintaining clear documentation of decisions and system changes, the role ensures that Oregon's care transition processes are integrated, transparent, and capable of consistently supporting safe and medically appropriate transitions for individuals across the 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. • Demonstrate recognition of the value of individual and cultural difference; demonstrate evidence of ongoing development of personal cultural awareness and humility; contribute to 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; maintain regular and punctual attendance; 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. • Promote and actively participate in OHA's 2030 goal of eliminating health inequities. • 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 ODHS/OHA Writing Style Guide and OHA Graphic Standards Manual.
30%	N	E	**Care Transitions Policy Development & System Design:** • Conduct comprehensive policy analysis across the care-transition continuum (hospital discharge, post-acute skilled care, Enhanced Care Services/Enhanced Care Outreach Services, and specialized Pre-admission Screening and Resident Review (PASRR) requirements), evaluating statutory, regulatory, and operational impacts to inform program direction. • Design and refine operational frameworks, business processes, and implementation strategies to operationalize statutory and rule changes, including components of SB 296 (2025), State Plan Amendment updates, and federal CMS requirements. • Develop policy guidance, decision tools, legislative concepts, and instructional materials that support consistent statewide practice across hospitals, CCOs, CMHPs, APD/AAA, DD programs, and long-term care partners. • Advise senior leadership on policy options, system risks, operational impacts, and recommended legislative or rule modifications needed to support Medicaid care-transition goals.
30%	N	E	**Program Operations & Technical Expertise Across Care Transitions:** • Provide expert consultation and technical assistance on complex cases involving hospital discharge delays, Post-Hospital Extended Care (PHEC) benefit eligibility and

			medical necessity, Enhanced Care Services/Enhanced Care Outreach Services eligibility and medical necessity, and PASRR Level II screening requirements. • Interpret and apply relevant OARs (including OAR 410-120-1210 and 410-141 care coordination rules), federal PASRR requirements, and Medicaid operational standards to ensure statewide consistency and compliance. • Develop and maintain operational guidance, communication tools, and partner resources that clarify timelines, benefit expectations, authorization processes, and care-transition workflows. • Oversee program budget including managing state general funds allocations, monitor and apply federal Medicaid match requirements, and collaborate with fiscal analysts on fee-for-service (FFS) reimbursement rates. • Oversee day-to-day provider support, including triage of inquiries, referral management, service coordination problem-solving, and delivery of targeted training to support consistent implementation. • Coordinate development of business requirements for system changes by leading work groups, gathering input from staff and subject matter experts, and working with information and data systems analysts to establish system needs.
20%	N	E	**Compliance, Quality Assurance & Program Evaluation:** • Lead quality assurance and continuous quality improvement activities across care-transition functions, including review of hospital discharge patterns, PHEC utilization and service trends, and PASRR Level II data accuracy and timeliness. • Conduct data validation, trend analysis, and performance measurement to evaluate program compliance with state and federal requirements and to identify opportunities for system improvement. • Oversee compliance deliverables such as annual CMS PASRR reports in collaboration with Oregon Department of Human Services (ODHS), billing code alignment activities, emergency planning requirements, and documentation needed to support audit readiness and program integrity. • Develop and refine metrics, monitoring tools, and evaluation frameworks that assess performance across the care-transition system.
10%		E	**Cross-Agency Coordination, Procurement & Partner Engagement:**

			• Facilitate collaboration among hospitals, Coordinated Care Organizations (CCOs), ODHS Aging and People with Disabilities (APD) Area Agencies on Aging (AAA) and Office of Developmental Disabilities Services (ODDS), county mental health programs (CMHPs), skilled nursing facilities, and internal OHA/ODHS partners to promote aligned implementation of care-transition policies and workflows. • Coordinate or lead multi-agency workgroups and planning efforts supporting system redesign, SB 296 implementation, contractor transitions, and integrated care-transition improvements. • Lead procurement and contract-related activities, including development of Statements of Work, cross-agency SOWs, and execution of multi-year procurements such as the 2027–2030 PASRR RFP. • Oversee contractor performance by reviewing invoices, selecting and analyzing audit samples, evaluating monthly TA needs, and coordinating regular contractor performance meetings. • Prepare policy summaries, reports, decision memos, and briefing materials that communicate program impacts, system needs, and coordinated strategies to partners and leadership.
5%		E	**Administrative, Documentation & Continuous Improvement:** • Maintain organized documentation of policy decisions, guidance updates, meeting outcomes, and operational changes to support audit readiness, program transparency, and institutional knowledge. • Track progress on policy issues, operational challenges, and stakeholder feedback to identify opportunities for clarification, process improvement, or system redesign. • Develop and refine tools, templates, and tracking mechanisms that strengthen operational consistency, quality, and decision-making across the care-transition continuum.
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 may be required, especially during legislative session.

The job requires frequent preparation, presentation, and/or response to technical and professional material against assigned deadlines. Work product can be 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.

This professional collaborative 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.

Occasional 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 remote, 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
- Oregon Revised Statues
- 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
- State laws, rules, and contract requirements relating to Medicaid services
- Oregon Procurement Laws and Guidelines
- OHA/ODHS Human Resource policies and procedures
- Oregon Department of Administrative Services (DAS) policies and procedures
- Departmental and office policies and 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?

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	Daily, as needed
OHA Staff; Other State Agency Staff	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email,	Collect, provide and discuss information and data; collaborate and coordinate on policies and	Daily, as needed

	letter/memo, report); Phone	programs; provide and receive direction or consultation; provide technical assistance; answer questions; gather input; enforce policies, regulations and contracts; negotiate agreements	
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 persons 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 questions; gather input	Weekly, as needed
Coordinated Care Organizations (CCOs); CCO Sub-contractors	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	Weekly, as needed
Local and County-based Health Clinics and Programs (CMHP, CCBHC, FQHC, RHC, 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; provide technical assistance; answer questions; gather input; enforce policies, regulations and contracts	Weekly, as needed
Treatment Service Providers and Professionals	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; enforce policies, regulations and contracts	
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	Weekly, 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	Weekly, 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	Weekly, 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.

Determine statewide policy direction by evaluating statutory, regulatory, and operational impacts and selecting the policy pathways that best support Medicaid care-transition continuum goals.

Decide how to design and refine operational frameworks, business processes, and implementation strategies that translate legislative and federal requirements into consistent, functional statewide practice in the context of care-transition continuum program and policy areas.

Adjudicate complex care-transition cases by interpreting Medicaid rules, PASRR requirements, and benefit criteria to ensure appropriate eligibility, medical necessity decisions, and compliance.

Establish system-level priorities by evaluating performance data, identifying operational risks or gaps, and choosing improvement strategies that shape program quality, partner expectations, and

contractor performance.

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 the1.4 million recipients of medical assistance in 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 Manager 2 (HPPM2)	1021908	Virtually, In person, Phone, Email, written form	Daily to Weekly, and as needed	Communicate updates on progress of major tasks and projects; 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? 0

How many employees are supervised through a subordinate supervisor? 0

b. Which of the following activities does this position do?

- ☐ Plan work
- ☐ Assigns work
- ☐ Approves work
- ☐ Responds to grievances
- ☐ Disciplines and rewards
- ☐ Coordinates schedules
- ☐ Hires and discharges
- ☐ Recommends hiring
- ☐ Gives input for performance evaluations
- ☐ 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.

1. 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.
2. 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 hospitals, post-acute treatment facilities, long-term care facilities, and adult foster home, Community Mental Health Programs and other behavioral health service providers), or community-based organizations.
3. Knowledge and experience working across levels of care transition continuum including hospital discharge and post-acute skilled care and supporting policies and programs that meet the continuum of care needs for individuals that are aging and aging with disabilities, individuals with intellectual and developmental disabilities, and individuals with complex behavioral health needs.
4. 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).
5. Knowledge of legislative and regulatory processes; experience analyzing, applying and advising on relevant federal and state Medicaid laws and regulations as well as legislative concepts/bills; specific knowledge of Oregon Administrative Rules and Oregon Revised Statutes is valued.
6. Ability to foster inter-and cross-agency collaboration and to facilitate coordination of community centered policies, programs, and continuous (performance / quality / process) improvement strategies.
7. Strong oral and written communication skills 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.
8. 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.
9. Experience presenting and articulating the value and relevance of research and evaluation data to facilitate quality assurance, strategic planning, and decision-making.
10. Demonstrated project management experience, including ability to effectively manage multiple project timelines and priorities and promote human-centered change management.

11. Knowledge and understanding of the full continuum of behavioral health care, with specific understanding of the cross section between medical/physical needs co-occurring with mental health, substance use disorder, community criminal legal system and systemic racism.
12. Knowledge about contracts/interagency agreement administration, procurement within the context of Oregon state government (e.g. OHA/ODHS) or other complex health services delivery organizations.
13. Knowledge of Medicaid Management Information System (MMIS) relevant functions, processes, and interfaces.
14. Ability to demonstrate advanced Microsoft Excel, Word, PowerPoint, Visio 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

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