

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:

Integrated Eligibility Policy unit is responsible for developing and maintaining policy, administrative rule, and ONE system functionality related to Oregon Health Plan/Medicaid eligibility. This includes the maintenance of federal contracts, reporting, budget, and compliance. The integrated eligibility policy unit ensures alignment with federal regulation, state statute, and the 1115 Medicaid Waiver. The eligibility policy team works closely with ODHS policy and operations units to ensure that OHA objectives are represented and met and provides subject matter expertise across OHA and ODHS.

- 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 serve as a co-lead and senior eligibility policy advisor for the implementation and ongoing management of **Community Engagement and Work Requirements as a condition of eligibility under House Resolution 1 (HR1; 2025)**. The position provides strategic direction and definitive subject matter expertise on complex, nuanced, and evolving Medicaid and non-Medicaid medical assistance eligibility policies. This includes interpreting federal and state laws, evaluating program impacts, identifying policy requirements and conflicts, and leading development and implementation of rules, operational standards, administrative controls, system changes, and program guidance. The role ensures Oregon's

eligibility policies and operations are compliant, optimized, and aligned with OHA/ODHS administration, legislative intent, and federal authorities.

The position also serves as a primary point of contact for OHA/ODHS leadership, internal staff across policy, program and operations, and external contractors and partners, offering analysis, recommendations, and technical consultation. It leads policy development efforts, prepares executive-level briefs and decision materials, supports audits and quality assurance, and guides training and knowledge-building as it relates Medicaid and non-Medicaid medical assistance eligibility policies. In partnership with information systems staff and business analysts, the position directs system design and modification to support eligibility requirements, including user acceptance testing and development of business requirements. Through ongoing evaluation of performance, expenditures, and operational effectiveness, the position drives policy improvements, ensures compliance with federal and state regulations, and supports coordinated implementation of major eligibility initiatives across programs, agencies, and partners.

This position will factor in the perspectives of diverse populations most harmed by social injustice and inequities including communities of color, immigrant groups, the disability and neurodivergent communities, veterans, older adults, individuals identifying as LGBTQIA+ 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	<p>Align Conduct with OHA’s Values and 2030 Strategic Goal</p> <ul style="list-style-type: none"> • 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

			<p>in a safe manner; and comply with all policies and procedures.</p> <ul style="list-style-type: none"> • 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.
35%		E	<p style="text-align: center;">Policy Analysis/Development:</p> <ul style="list-style-type: none"> • Serves as a co-lead and eligibility policy advisor for implementation and ongoing management of Community Engagement and Work Requirements as a condition of eligibility (a provision of HR1 2025). Work includes setting strategic direction on design, interpretation, implementation, and evaluation, establishing operational priorities, and providing definitive subject matter expertise on complex, nuanced, and evolving issues. • Researches, analyzes, and evaluates state and federal laws, regulations, statutes, hearing orders, audit findings, quality control results, and data reports to identify policy requirements, options, conflicts, and operational impacts as it relates to Medicaid and non-Medicaid medical assistance program eligibility. • Leads development and implementation of program policy to support short- and long-range OHA goals to optimize and simplify eligibility for Medicaid and non-Medicaid medical assistance programs through rules, contracts, interagency agreements, manuals, forms, notices, reference guides, and other methods of information distribution. • Participates in and promotes knowledge sharing, collaborative partnering, and cross-training within the integrated eligibility policy team and other policy teams to build competency and capacity to provide policy expertise to OHA/ODHS leadership and staff, and assure compliance to federal and state regulations and authorities.

			<ul style="list-style-type: none"> • Participates in developing statewide program directions related to Medicaid and non-Medicaid eligibility that align with OHA/ODHS administration, legislative intent, and federal/state requirements. • Acts as eligibility policy consultation to develop and submit federal waivers and state plan amendments; advises internal and external partners on policy standards, administrative controls, and operational adjustments. • Researches and responds to Medicaid and non-Medicaid medical assistance eligibility policy and program operation questions by providing clarification and direction to agency staff, partners, contractors, and legislative staff. • Prepares and presents policy briefs and decision memos to OHA/ODHS leadership with recommendations on program implementation and service delivery, including program standards, performance measures, monitoring procedures, budget and administrative controls, contract performance, and corrective actions.
15%		E	<p style="text-align: center;">Technical Consultation and Advice:</p> <ul style="list-style-type: none"> • Acts as a primary eligibility policy point of contact for consultation related to Community Engagement and Work Requirements as a condition of eligibility (a provision of HR1 2025) implementation and ongoing policy. • Maintains regular contact with OHA/ODHS leadership and staff, state agencies, legislators, community partners, and advocates to answer questions and gather information on Medicaid and non-Medicaid medical assistance eligibility policy and program needs. • Collaborates with OHA/ODHS staff, the Attorney General's Office, and other attorneys on legal questions related to Medicaid and non-Medicaid eligibility and provides oral and written responses. • Reviews partner organizations' reports, data, and budgets to provide technical assistance and assess policy and program trends, outcomes, issues, and needs. • Provides consultation on training development, reviewing and revising materials, offering training when appropriate, and identifying training needs for complex eligibility policy areas, quality assurance and compliance. • Serves as an eligibility policy advisor in classroom and distance learning and provides eligibility policy consultation in the development of trainings and materials.
15%		E	<p style="text-align: center;">Operational Guidance & Evaluation:</p>

			<ul style="list-style-type: none"> • Participates in implementing program changes, including acting as eligibility policy lead for Community Engagement and Work Requirements as a condition of eligibility, with OHA/ODHS programs, other agencies, local governments, community partners, and advocates, considering operational and program impacts. • Manages research and evaluation projects related to agency eligibility policy and operations, including developing policy revisions and responses to audit findings. • Uses system queries, case reviews, audits, hearing orders, legal actions, and interviews to monitor and evaluate statewide program performance, operational effectiveness, and compliance with federal and state requirements as it relates to Medicaid and non-Medicaid medical assistance eligibility policies and programs. • Monitors and evaluates program expenditures using data reports and review methods to ensure effective fund allocation and compliance with approved budget parameters. • Leads development and dissemination of Medicaid and non-Medicaid medical assistance eligibility policy and program guidance through client notices, staff memos and transmittals, manuals, reference guides, web-based resources, trainings, presentations, and position papers. • Resolves policy issues and conflicts by collaborating with OHA/ODHS staff, community partners, and advocates; leads implementation of required program corrections to ensure technical and professional compliance and to support agency initiatives. • Assists the Secretary of State, federal agencies, and other entities in audits by providing technical support for data research and interpretation.
15%		E	<p style="text-align: center;">Business Systems & Process Alignment:</p> <ul style="list-style-type: none"> • Leads the development and modification of computer information systems to support implementation and ongoing management of Community Engagement and Work Requirements as a condition of eligibility, and other Medicaid and non-Medicaid medical assistance eligibility program requirements and improve operations. • Provides functional direction and monitors primary computer systems to ensure full alignment with program objectives, requiring in-depth knowledge of system operations and interactions. • Initiates system changes to meet new eligibility requirements or enhance program performance.

			<ul style="list-style-type: none"> Coordinates development of business requirements for system changes by leading work groups, gathering input from field staff, and working with information and data systems analysts to establish system needs. Communicates system changes and coding to OHA/ODHS leadership and staff and participates in User Acceptance Testing to ensure successful implementation.
5%		E	<p style="text-align: center;">Legislative Coordination:</p> <ul style="list-style-type: none"> Monitors federal and state legislation, evaluates programmatic impact, and initiates or coordinates legislative changes to support policy options, or plan changes to systems, operations, or procedures in response to legislation. Researches and leads development of legislative concepts affecting medical eligibility and members; drafts bill language and writes reports describing the impact of legislation on agency operations. Advises OHA/ODHS leadership on Medicaid and non-Medicaid medical assistance eligibility program implications of state and federal legislative actions, providing detailed analysis and recommendations considering effects on budgets, operations, contracts, staffing, service delivery, and partner agencies. Translates legislation into Medicaid and non-Medicaid medical assistance eligibility program goals, administrative rules, guidance, project management plans, and systems for tracking and implementing mandated changes. Develops OHA Medicaid Division testimony for legislative hearings and prepares responses to legislative inquiries, advocate correspondence, federal agency correspondence, community complaints, and organizational surveys, including drafting responses for the Director's signature.
10%		E	<p style="text-align: center;">Project Management:</p> <ul style="list-style-type: none"> Leads and participates in meetings, user groups, work groups, and task forces related to implementation and ongoing management of Community Engagement and Work Requirements as a condition of eligibility, and other Medicaid and non-Medicaid medical assistance with OHA/ODHS staff, other agencies, community partners, and advocates to gather information, identify program issues, respond to legislative changes, develop cooperative agreements, and advance policy development and implementation.

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 the Centers for Medicare and Medicaid Services (CMS), recipients of medical assistance, 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 in-state travel may be required.

This is a hybrid role that will require occasional in-person time, usually at one of OHA's state office buildings. 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 Privacy Act)
- National best practices and fidelity models promoted by key federal agencies
- 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
- 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, 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
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	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	As needed
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,	Collect, provide and discuss information and data; collaborate and coordinate on policies and programs; provide and receive direction or consultation; provide	As needed

	letter/memo, report); Phone	technical assistance; answer questions; gather input; enforce policies, regulations and contracts	
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
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
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.

Responsible for decision-making within the context of managing and developing agency-wide policy that guides the implementation, updates, and service provision of OHP benefits for children and adults.

Recommend and participate with senior management in broad agency-wide decision-making regarding streamlining of procedures, cost containment and implementing new programs/benefits.

Identify issues, make decisions, and participate with supervisor and senior management in decision making regarding service delivery problems, access to health care and organizational and program changes. Decisions impact accessibility of health care for OHP clients. Decisions made will likely result in political and public reactions to policy changes.

Represent Medicaid by providing policy, procedural and rule interpretation for contested case hearings, stakeholder groups, claims denials, provider services and enrollments, Medicaid management and state legislators.

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 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 3 (HPPM3)	1019068	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?

- | | |
|--|---|
| <input type="checkbox"/> Plan work | <input type="checkbox"/> Coordinates schedules |
| <input type="checkbox"/> Assigns work | <input type="checkbox"/> Hires and discharges |
| <input type="checkbox"/> Approves work | <input type="checkbox"/> Recommends hiring |
| <input type="checkbox"/> Responds to grievances | <input type="checkbox"/> Gives input for performance evaluations |
| <input type="checkbox"/> Disciplines and rewards | <input type="checkbox"/> 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.

This area should list critical items to be successful in the position. It shouldn't list general job expectations, but rather specialized requirements to be successful in the position.

1. Experience 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.
3. 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).
4. 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.
5. Ability to foster inter-and cross-agency collaboration and to facilitate coordination of community centered policies, programs, and continuous (performance / quality / process) improvement strategies.
6. 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.
7. 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.
8. Experience presenting and articulating the value and relevance of research and evaluation data to facilitate quality assurance, strategic planning, and decision-making.
9. Demonstrated project management experience, including ability to effectively manage multiple project timelines and priorities and promote human-centered change management.
10. 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.
11. Knowledge of Medicaid Management Information System (MMIS) relevant functions, processes, and interfaces.
12. 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

Donna Hanks

Appointing Authority Signature

05/04/2026

Date