



STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date:
05/28/25

This position is:

- ☐ Classified
☐ Unclassified
☐ Executive Service
☐ Mgmt Svc – Supervisory
☒ Mgmt Svc – Managerial
☐ Mgmt Svc – Confidential

Agency: Oregon Health Authority

Division: Medicaid Division

☐ New ☒ Revised

SECTION 1. POSITION INFORMATION

- a. Classification Title: Operations and Policy Analyst 4
- b. Classification No: X0873 c. Effective Date: 07/01/11
- d. Position No: 1013284
- e. Working Title: Behavioral Health Clinical & Quality Assurance Strategist
- f. Agency No: 44300
- g. Section Title: Medicaid Behavioral Health Policy
- h. Employee Name: Vacant
- i. Work Location (City — County): Salem/Marion or Portland/Multnomah; hybrid position
- j. Supervisor Name: Kristen Donheffner
- k. Position: ☒ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year
☒ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share
- l. FLSA: ☒ Exempt If Exempt: ☐ Executive ☐ Professional ☒ Administrative
☐ Non-Exempt
- m. Eligible for Overtime: ☐ Yes ☒ No

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 Behavioral Health Policy unit writes administrative rules (OAR), directs coverage policy, directs provider enrollment and provider billing policy, issues guidance, leads rate setting and provides subject matter expertise and FFS program leadership for the following areas within OHP: American Rescue Plan Act initiatives; Applied Behavioral Analysis; Assertive Community Treatment; Behavior Rehabilitation Services; Care Coordination services; Clinical Decisions regarding Medical Necessity and Medical Appropriateness of residential services; Co-Occurring Disorder treatment; Crisis Respite, Crisis Receiving and Stabilization Centers; Home and Community Based Services 1915(i) State Plan Option; Institutions for Mental Diseases; Mobile Crisis and Stabilization Services; Maintaining the Behavioral Health Fee schedule; Personal Care Attendant and HCBS in home PCA programs (including Agency with Choice); Problem Gambling; Secure Treatment/Inpatient Services; Substance Use Disorder Services; and Traditional Health Workers.

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 Behavioral Health Clinical & Quality Assurance Strategist will serve as a clinical and strategic lead within the Medicaid Division. Through the sound application of clinical evidence and best practice in behavioral health clinical review and OHP policy interpretation, this position will promote access to high quality behavioral health services and pursue the quintuple aim of health equity, better health, improved outcomes, lower costs, and clinician well-being. This position will provide internal and external leadership and direction of OHP behavioral health policy through collaboration with the Medicaid Medical Leadership Team, the Behavioral Health Division, and the Health Policy and Analytics Division on various projects. This position serves as a subject matter expert on OHP benefits and policy, OHA behavioral health rules, and federal Medicaid regulations. They will advise and coordinate with Medicaid contractors, provide technical assistance to OHP enrolled behavioral health providers, influence statewide OHP program integrity, and support cross-divisional and interagency initiatives. This position will be responsible for reviewing prior authorizations, Notices of Action (NOA), adverse determinations made by the Independent Qualified Agent (IQA), and any other documentation needed to determine the appropriate level of service for adult Medicaid Beneficiaries.

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.

			<ul style="list-style-type: none"> • 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.
40%	NC	E	<p>Consultive Coordination</p> <ul style="list-style-type: none"> • Lead and participate in cross-agency collaborations to resolve complex clinical circumstances and ensure care coordination processes reflect Medicaid clinical policy and eligibility standards. • Analyze and interpret clinical documentation and information and apply state, federal and agency law, regulation, or policy in the implementation of the Oregon Health Plan. • Provide clinical consultation using clinical best practice, informed by evidence and promising practices, critical thinking and independent judgement. • Present research, analysis and cost effectiveness for requests to internal OHA Committees with appropriate recommendations. • Assist with the direction of care coordination decisions between Fee-For-Services (FFS) clients and CCOs and assist as the Division liaison with the CCO to ensure the individual has referrals to appropriate services or a person-centered service plan is initiated. • Explain and interpret Oregon Administrative Rules (OARs), policies, procedures, and standards to ensure understanding.

			<ul style="list-style-type: none"> • Provide testimony in hearings as an expert clinical witness and policy analyst representing Medicaid regarding facts, application of facts to the rules and medical appropriateness and necessity. • Identify and explain clinical decision based on applicable law, standard of care, best practices, precedent, policies and procedures to providers, the public, other programs, and agencies. • Problem solve, educate, and coordinate clinical issues and care related to various OHP benefits. • Apply Guideline Notes and relevant OARs to determine if coverage is appropriate for service.
25%	NC	E	<p>Policy Analysis and Program Management:</p> <ul style="list-style-type: none"> • Provide consultation throughout all phases of any design, development, implementation, and revision of health care programs. • Develop and maintain performance measures and metrics as appropriate. • Evaluate health care trends and utilize evidence-based principles to identify/recommend program changes as appropriate. • Serve as key clinical contributor in behavioral health clinical management decisions connected with utilization management processes and program operations, working closely with Medicaid Medical Leadership team and cross-divisional teams to support integrated benefit design and service delivery. • Analyze, interpret, align and apply state and federal laws/regulations, current trends in the subject area, and agency policies and strategies to advise senior management on setting policy directions. Provide multiple options, explaining the pros and cons of each direction. • Evaluate the impact and effectiveness of incorporating the programs, practices or policies of other states or health entities into Oregon medical assistance programs. • Recommend policy strategies and options and legislative changes/position to senior management to support policy direction or changes to practice if legislative changes are necessary. • Provide analysis on proposed legislation. • Lead and monitor changes to operational systems and procedures to support policy direction. Provide technical assistance to internal and external partners to implement policy changes.

			<ul style="list-style-type: none"> • Write program guidelines to ensure effective policy implementation, including clinical criteria used by the clinical staff to approve or deny requested services pursuant to the authority of the administrative rules. • Write administrative rules based on changes to policy, state statutes or federal laws/regulations. • Lead in the adoption and revisions of administrative rules by working with the rules coordinator who manages the administrative rules process. • Provide policy direction during the interim period before the adoption of administrative rules in collaboration with the Medicaid executive team. • Maintain, monitor and administer the various contracts and agreements as assigned, including the review of and approval of payments to the contractor based on completion of work. • Provide analysis and recommendation to modify existing collective bargaining contract language regarding rates and other essential components of contracts. In collaboration with program directors, strategizes on presentations and justifications to organized labor. • Provide oversight over implementation of collective bargaining agreement with SEIU and DAS for DMAP. • Interpret contract language in conjunction with program managers, DOJ labor attorneys and DAS labor relations manager to address subjective language in collective bargaining agreements.
15%	R	E	<p>Program Evaluation</p> <ul style="list-style-type: none"> • Initiate and coordinate the evaluation of Medicaid funded behavioral health programs, clinical review practices, and service delivery systems to ensure program effectiveness, quality and alignment with federal and state expectations. • Establish criteria to identify and measure program effectiveness, including impacts on service access, clinical appropriateness, quality of care, access to services, provider performance, utilization trends, fiscal impact and sustainability, cost containment and Medicaid program integrity. • Conduct evaluations to ensure program compliance with federal and state laws/regulations and to ensure the program is operating within the budgetary constraints of the legislatively approved budget. • Review and evaluate performance measures to identify behavioral health programs and processes needing improvement, including trends across Medicaid review pathways and service types, and propose policy changes or

			<p>systems-level solutions to improve access, compliance and care quality.</p> <ul style="list-style-type: none"> • Evaluate and monitor the implementation of adopted policy changes to assess the level of improvement in program and processes. • Provide accountability for provisions of evidence-based behavioral health care decisions for fee for service clients and overall program direction on special programs and projects related to behavioral health care services. • Provide analysis and recommendation to program managers to change collective bargaining language to improve performance of program. • Strategize with program managers to advocate for changes in contract language with State Labor Negotiators.
15%	NC	E	<p>Partner Liaison</p> <ul style="list-style-type: none"> • Develop and maintain relationships with local, state and national professional groups or associations, client advocates, clinical providers and internal, external and cross-agency partners to support clinical and operational alignment across the Medicaid behavioral health system. • Convene and lead meetings with internal and external partners and advisory committees to gather their input and experience, including about potential policy change. • Respond orally and in writing to partners to address legislative and policy changes. • Consult with hearing representatives and administrative law judges about hearing requests on denials of services and rule interpretation. • Coordinate with internal partners to provide expertise for staff to prepare state plan amendments or waiver requests for assigned programs.
5%	NC	E	<p>Attend meetings, conferences and other events as needed or requested by supervisor. Participate in other projects and duties as assigned by supervisor.</p>

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 complex clinical and Medicaid policy issues, technical and professional material often under tight deadlines. Work

product can be highly visible, and of significant interest to executive leadership, legislative representatives, federal partners, multiple internal and external partner groups and/or state agencies and associations. Workload and priorities frequently shift and can involve highly complicated, sensitive, and/or politically complex issues. This position often navigates tension between clinical judgment, policy constraints, and operational feasibility, requiring strong critical thinking and coordination skills. Stressful situations may arise due to the content of the work, competing demands, compressed timelines, and the public visibility of deliverables that shape systemwide access to care and compliance with federal Medicaid requirements.

This position frequently collaborates across OHA divisions, ODHS programs, and contracted partners (e.g. IQA, CCOs) to ensure alignment between clinical policy and Medicaid program operations. This collaboration 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 work may be performed remotely (unless the agency's business and operational needs require in-person) 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)
- Medicaid authorities including the Oregon State Medicaid Plan, 1915(i) Home and Community Based services, and other CMS-approved waivers.
- CMS HCBS Quality framework and technical guidance
- 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.

These guidelines often require interpretation and reconciliation across legal, clinical, operational, and policy domains. This position uses expert judgment to navigate gray areas and apply guidelines to complex or novel situations with systemwide implications, coordinating with appropriate partners across divisions and state agencies as appropriate.

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	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 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	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	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 questions; gather input; enforce policies, regulations and contracts	Weekly, 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:

This position must make independent decisions about issues with broad impacts that lack readily available guidelines or precedents, requiring in-depth conceptual and analytical evaluation and knowledge of medical procedures, programs, practices, Medicaid authorities, and standards and budgets. Decisions also include granting exceptions when medically necessary and appropriate.

These decisions directly impact the health of approximately 1,000,000 recipients of medical assistance that rely on the programs for their sole means of health care coverage. Sometimes, these decisions create a life-or-death challenge for the agency and the recipient. Recommendations and decisions impact policies on direct services to clients, access to services, providers, program effectiveness, fiscal impact, cost containment, risk to the state, and probable political and public reaction to changes in policy. The decisions constantly affect the balance between quality medical

and behavioral health care and budget limitations. They may also set operational precedent or trigger broader system changes when applied to new benefit areas, provider types, or Medicaid-funded deliver models.

Always determines 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. This includes integrating equity considerations into policy implementation decisions, prior authorization guidance, care coordination models and cross-divisional and interagency collaboration.

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)	1013901	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 position requires an active behavioral health related licence and maintenance of licensure through one of following licensing boards:

1. The Oregon Medical Board,
2. The Board of Licensed Social Workers,
3. The Oregon Board of Licensed Counselors and Therapists,
4. The Oregon State Board of Nursing Licenses, or
5. The Health Related Licensing Boards.

A master's degree or higher in behavioral health, psychology, counseling, social work, psychiatric nursing, or a related field is required. This role requires clinical experience working with adults ages 21 and older. Experience serving individuals with co-occurring mental health conditions and substance use disorders, as well as individuals with co-occurring intellectual or developmental disabilities and physical health needs, is strongly preferred.

Stay current on knowledge of relevant state and federal laws/regulations, comparable programs and policies in other state Medicaid programs or other health entities. This includes familiarity with federal Medicaid authorities such as 1915(i), 1915(k) and other State Plan Services.

Stay current on knowledge of national third party payers, health care delivery trends, medical technologies and standards, and statewide and national economic issues that may impact assigned programs.

Apply critical thinking to evaluate complex clinical and policy issues, balancing individual needs, health equity, and fiscal responsibility. This position frequently makes decisions where no option is ideal, and the chosen course of action may not fully align with provider or recipient preferences. Judgment must consider clinical appropriateness, compliance with Medicaid policy, operational feasibility, and the potential impact on access, outcomes, and equity.

Analyze conflicting allegations or data and reach logical conclusions. The role frequently reconciles inconsistencies between clinical documentation, eligibility criteria, and federal/state Medicaid rules.

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