

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:

Federal Policy unit is responsible for coordinating Oregon's Medicaid State plan, Health-Related Services including CCO policy and spending reviews, and Home and Community-Based Services Waivers operated by ODHS. This includes up-to-date knowledge of federal regulations, state statutes and administrative rules related to the Medicaid State plan, the 1115 OHP Waiver, HCBS Waivers and Selective Contracting Waivers. The team provides technical support and subject matter expertise to staff throughout OHA and ODHS for various teams negotiating with CMS or applying for 1115 demonstration waivers and amendments, including the 1115 OHP waiver, 1115 SUD waiver, 1115 Contraceptive Care Waiver, 1915(c) HCBS waivers and corresponding 1915(b)(4) Selective Contracting Waivers and amendments to the Medicaid and CHIP State plans. The team compiles Quarterly and Annual Reports required under the 1115 OHP waiver, State plan and 1915(c) waivers. Also, provides support as needed for CCO contracts and rulemaking, the Benefits Update Project, and Prioritized List Phase-Out Plan.

- 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 the Federal Policy Liaison for State Directed Payments (SDPs) and provider taxes, acting as a key advisor to OHA senior management and shaping a comprehensive strategy that aligns federal requirements with Oregon's policy

preferences and health system goals. As OHA’s main point of contact to CMS/HHS on SDP and provider tax policy, the role represents and advances agency priorities while coordinating with leadership, multidisciplinary experts, CCOs, and providers to ensure policy coherence and enterprise impact. As the primary federal liaison, they oversee SDP preprint submissions, facilitate responses, and prepare executive-ready briefings for senior leaders. The role evaluates and prioritizes agency responses to CMS correspondence on SDPs and provider taxes to support sustained compliance and state preferences.

To operationalize complex policy, the analyst develops and reviews regulatory policy, standards, internal controls, and end-to-end workflows to ensure consistent, compliant administration of SDPs and provider taxes. They maintain audit readiness through performance monitoring, align quality measures with federal requirements and state goals, and lead structured communication and feedback loops with CCOs, providers, and associations. This position factors 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 in a safe manner; and comply with all policies and procedures.

			<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.
30%		E	<p style="text-align: center;"><u>Federal Partner Liaison</u></p> <ul style="list-style-type: none"> • Translate federal policy into agency action by interpreting CMS guidance and federal review findings; develop strategic responses and policy adjustments for senior leadership. • Lead the development and submission of State Directed Payment (SDP) preprints, coordinating work across multidisciplinary experts in budget, finance, clinical, operational, and quality areas, ensuring integrated, policy-level outcomes and accuracy and alignment with agency priorities. • Serve as the primary liaison to CMS, managing SDP preprint submissions, facilitating responses to federal questions and coordinating timely, comprehensive responses to CMS inquiries. • Coordinate the state's responses to federal financial management reviews (FMRs) oversight inquiries into SDPs and provider taxes. • Manage high-level communication and engagement with federal partners, including the US Department of Health and Human Services (HHS) and CMS, to ensure shared understanding of state initiatives and policy objectives and compliance with federal requirements. • Evaluate, prioritize, and coordinate agency responses to CMS correspondence on SDPs and provider taxes, engaging leadership and policy and program staff to draft risk-informed responses and to support informed, strategic decision-making.

30%		E	<p style="text-align: center;"><u>Policy Analysis/Development:</u></p> <ul style="list-style-type: none"> • Serve as the agency’s subject matter expert on State Directed Payment (SDP) and provider tax policy, advising leadership and program areas on complex statutory, regulatory, and operational considerations. • Analyze and synthesize federal policy changes related to SDPs and provider taxes, assessing impacts on statewide health care financing, agency operations, and compliance requirements. • Develop, evaluate and recommend policy options that align with state priorities, providing recommendations that may influence statewide private and public health care policy direction. • Prepare comprehensive policy briefs, issue analyses, and strategic recommendations for senior leadership, other state agencies, and external health care entities to inform decision-making and guide ongoing work in SDP and provider tax policy.
20%		E	<p style="text-align: center;"><u>System & Organizational Improvement</u></p> <ul style="list-style-type: none"> • Recommend and develop strategic policy changes and priorities to ensure State Directed Payments (SDPs) and provider tax administration remain federally compliant and aligned with Oregon’s health system goals. • Lead and facilitate internal OHA workgroups to coordinate agencywide responses to federal policy changes affecting SDPs and provider taxes to remove barriers, drive timely decisions, and ensure consistent implementation across programs. • Build the state’s capacity to manage SDPs and provider taxes by establishing a long-term vision, developing workflows, documenting processes, and implementing governance and internal controls to ensure audit readiness and to support consistent, compliant administration. • Partner with health care quality subject matter experts to develop and align quality measures and monitoring frameworks with federal requirements and state policy objectives and health outcome goals. • Lead external communications to community partners—including CCOs, providers, and professional associations, delivering clear updates on federal policy and OHA strategy and maintaining structured feedback loops. • Identify and drive systems enhancements (e.g., data capture, reporting, MMIS processes) that strengthen SDP and provider tax administration, performance tracking, and

			integrity of federal financial participation.
10%		E	<p style="text-align: center;">Project Management:</p> <ul style="list-style-type: none"> • Identify and scope SDP and provider tax policy and operational changes requiring project management, determining project structure and resource needs. • Develop and manage multiple complex, cross-agency work plans and performance schedules, ensuring alignment of project goals, timelines, and deliverables across diverse teams. • Monitor the progress of multiple project teams, assessing performance against project plans and resolving barriers through proactive problem-solving, coaching, and coordination with supervisors and section leadership. • Advise OHA leadership on project risks, performance concerns, and strategic interventions needed to maintain progress and achieve Medicaid federal policy and operational objectives. • Prepare high-level project reports, analyses, and briefings for the Medicaid Director, senior executives, and—when appropriate—federal partners to support informed decision-making and oversight.
5%		E	<p style="text-align: center;">Legislative and Administrative Rule Liaison:</p> <ul style="list-style-type: none"> • Develop and recommend strategic Medicaid federal policy direction based on research and analysis, including drafting legislative concepts and proposed statutory language, monitoring state and federal legislation, and evaluating programmatic and fiscal impacts to the agency. • Lead review and analysis of Medicaid administrative rules related to SDPs and provider taxes, identifying necessary revisions, advising leadership on policy implications, and ensuring alignment with federal requirements and state policy goals.
5%		NE	<ul style="list-style-type: none"> • 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 as well as the Centers for Medicare & Medicaid Services (CMS). 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 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	Daily, as needed

		technical assistance; answer questions; gather input; enforce policies, regulations and contracts; negotiate agreements	
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
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, 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

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
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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.

Develop and make recommendations on health care policies, operational changes, quality assurance oversight, and system and process needs related to successful State Directed Payment (SDPs) and provider taxes that comply with federal requirements and address Oregon state needs. Decisions impact the success of individual projects, policy direction, and service delivery for recipients of medical assistance programs. Decisions made will likely result in political and public reactions to policy changes across the state of Oregon, where every county jurisdiction has a health care system that benefits from SDPs and provider taxes. This wide impact requires the position to collaborate with OHA leadership, the Governor’s Office, providers and CCOs to facilitate strategic decision-making.

Monitor and recommend improvements to Medicaid services programs, especially as it relates to SDPs and provider taxes.

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 people in Oregon receiving Medicaid services and being served by entities impacted by SDPs and provider taxes.

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)	PPDB# 1025669	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.

- Experience supporting the development and implementation of policies and programs at the community, state, and/or national level that advance health equity (address systemic health disparities, expand culturally responsive and inclusive services, factor in social determinants of health) and elevate the voice of community and those with lived experience.
- Knowledge of health services delivery systems, particularly the Oregon Health Plan/ Medicaid administration in Oregon, including experience working with Coordinated Care Organizations, social safety net programs, health service providers (including Community Mental Health Programs and other behavioral health service providers), or community-based organizations.
- Knowledge of legislative and regulatory processes; experience analyzing, applying and advising on relevant federal and state laws and regulations as well as, legislative

concepts/bills; specific knowledge of Oregon Administrative Rules and Oregon Revised Statutes.

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. 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.
6. Ability to provide organizational leadership to foster inter-and cross-agency collaboration and to shape systems-wide community centered policies, programs, and continuous (performance / quality / process) improvement strategies.
7. Ability to navigate complex relationships through collaborative problem-solving, consensus-building, and solution-focused approaches, recognizing positionality and fostering power-sharing dynamics. Experience facilitating meetings with a variety of key partners, including internal teams, community members/groups, health service providers, government officials and legislators.
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. 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 and grant administration within the context of Oregon state government (e.g. OHA/ODHS) or other complex health services delivery organizations.
11. Ability to demonstrate advanced Microsoft Excel, Word, PowerPoint and Outlook skillset; and skilled use of collaboration tools such as Microsoft Teams, SharePoint, and Smartsheet.

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

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

Operating Area	Biennial Amount (\$00,000.00)	Fund Type

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

04/21/2026

Date