



**STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION**

**Position Revised Date:
5/14/26**

This position is:

- [Classified](#)
- [Unclassified](#)
- Executive Service
- Mgmt Svc – Supervisory
- Mgmt Svc – Managerial
- Mgmt Svc – Confidential

Agency: Oregon Health Authority

Division: Medicaid

New Revised

SECTION 1. POSITION INFORMATION

- a. Classification Title: Operations & Policy Analyst 4
- b. Classification No: X0873 c. Effective Date: 06.01.2026
- d. Position No: 2731406 - 00000018446
- e. Working Title: Medical Work Requirements Senior Policy Analyst
- f. Agency No: 44300
- g. Section Title: _____
- h. Employee Name: Vacant
- i. Work Location (City — County): Salem/Marion or Portland/Multnomah; Hybrid
- j. Supervisor Name: Serena Sischo (Interim)
- k. Position: Permanent Seasonal Limited Duration Academic Year
 Full-Time Part-Time Intermittent Job Share
- l. FLSA: Exempt If Exempt: Executive m. Eligible for Overtime: Yes
 Non-Exempt Professional No
 Administrative

SECTION 2. PROGRAM AND POSITION INFORMATION

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

OHA values health equity, service excellence, integrity, leadership, partnership, innovation and transparency. OHA's health equity definition is "Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable

distribution or redistributing of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices.” OHA’s 10-year goal is to eliminate health inequities.

The Medicaid Division is aligned with the Oregon Health Authority’s core values of partnership, service excellence, leadership, integrity, health equity, innovation, and transparency. In our practice, these values are expressed through:

Health Equity:

- Addressing the clinical and social conditions, as well as the historical and contemporary injustices, which undermine health, so everyone can reach their full health potential.
- Considering the diversity of Oregon’s communities as we make decisions about how policy and practice are developed, and how resources are distributed.
- Respecting diverse cultures, populations, histories, and health practices; ensuring a diverse workforce and inclusive work environment.

Service Excellence:

- Exceeding expectations and being committed to delivering responsive, efficient, and effective solutions.

Integrity:

- Being accountable for maintaining the highest standards and outcomes in all aspects of our work; being a good steward of public trust and resources.
- Ensuring decisions are informed, fiscally responsible, open, and easily understood.

Leadership:

- Ensuring every employee has the ability and opportunity to help make changes that improve health and transform health care.
- Leading improvement in health through innovative strategies and creative solutions.

Partnership:

- Seeking out, listening to, and collaborating with partners across diverse communities; respecting internal and external ideas and opinions.
- Working with key invested partners and communities to protect and promote the health of all people in Oregon.

Innovation:

- Not being satisfied with the status quo and seeking new and better ways to meet the needs of the people we serve with creativity and openness.
- Pursuing opportunities to develop new evidence to evolve our practices.

Transparency:

- Communicating honestly and openly, ensuring our actions are upfront and visible.
- Providing open access to information and meaningful opportunities to provide input and participate in our decision-making.

Medicaid Division description:

OHA is home to most of the state's publicly supported health programs. OHA divisions include Behavioral Health, Equity and Inclusion, Fiscal and Operations, Health Policy and Analytics, Medicaid, Public Health, and the Oregon State Hospital.

The Medicaid Division is responsible for the design, development, implementation, monitoring, evaluation, and improvement of publicly funded Medicaid programs and related health programs, which includes the Oregon Health Plan (OHP), Healthier Oregon, the OHP-Bridge Program, and initiatives under 1115 demonstration waivers, state plan authorities, and 1915 home and community-based services waivers. The Division is the Single State Medicaid agency authorized to enter into agreements with the federal government for the state of Oregon. The division defines and manages the Oregon Administrative Rules divisions that govern OHP-covered health care services, eligible fee for service health care providers and participating managed care plans, including Coordinated Care Organizations (CCOs), to ensure programs and services are delivered effectively, equitably, and in compliance with state and federal regulations.

Medicaid, and the related health programs the division oversees, provides coverage for health care and related services for Oregonians with low income. Currently, one out of every three Oregonians receive healthcare through Medicaid programs. These programs play a crucial role in improving health care access, promoting health equity, and reducing disparities across the state. The collective and collaborative effort of division management and staff are essential in helping OHA achieve its vision and aim to produce better and more equitable health outcomes and move closer to our strategic goal to eliminate health inequities by 2030.

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:**

This primary purpose of this position is to serve as the agency's principal subject matter expert on Medical Work Requirements policy under House Resolution 1 (2025), providing authoritative guidance on complex statutory, regulatory, operational, and legal issues that shape Medicaid and non-Medicaid eligibility. The position leads rigorous research and analysis of federal and state laws, regulations, and program data to identify policy requirements, resolve conflicts, and anticipate operational impacts. The role translates federal and legislative direction into clear, defensible policy; develops and revises Medicaid administrative rules; and produces accurate, authoritative guidance for providers, coordinated care organizations, partners, and internal program areas. It also prepares high-level policy briefs, issue analyses, and strategic

recommendations for OHA leadership, other state agencies, legislators, and CMS, and represents the agency in cabinet-level and interagency forums, communicating policy direction to executive leadership and external partners, providers and members.

In addition, this position provides essential leadership in aligning system operations, program administration, and long-term strategy with Medical Work Requirements policy. The role leads system-level planning and decision-making for eligibility and Medicaid information systems, guiding enhancements, defining business requirements, and ensuring system functionality fully supports compliant program implementation. It establishes governance structures, workflows, data standards, and reporting requirements to strengthen the state’s capacity to administer Medical Work Requirements, while analyzing operational and budgetary data to inform system design and policy decisions. Through continuous evaluation of dashboards, trends, and member impacts, the position drives mitigation strategies, operational safeguards, and process improvements, while maintaining clear communication channels with community partners and providing strategic counsel to OHA leadership on policy, operational, and legislative implications.

This position will collaborate with diverse populations most harmed by social injustice and inequities and will demonstrate the ability to build and steward positive, collaborative and partnership-based relationships with diverse community groups including communities of color, immigrant groups, the disability and neurodivergent communities, veterans, older adults, individuals identifying as LGBTQIA2S+ and other communities that have been traditionally marginalized.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark “N” for new duties, “R” for revised duties or “NC” for no change in duties. Indicate whether the duty is an “Essential” (E) or “Non-Essential” (NE) function.

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

% of Time	N/R/NC	E/NE	DUTIES
At all times		E	<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

			<p>respectful and accepting of diversity and where talents and abilities are valued.</p> <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.
25%		E	<p style="text-align: center;">Policy Analysis/Development:</p> <ul style="list-style-type: none"> • Serve as the agency's subject matter expert on Medical Work Requirements policy as a condition of eligibility under House Resolution 1 (HR1; 2025), advising leadership and program areas on complex statutory, regulatory, and operational considerations. • Research, analyze, and evaluate state and federal laws, regulations, court suits, 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 eligibility and Medical Work Requirements and other HR1 provisions. • Translate legislative/CMS direction into Medical Work Requirements policy development and analysis, operational process, provider/CCO guidance and partner guidance; Compose, vet and validate the development of accurate and authoritative documentation. • Direct the review, analysis, and revision of Medicaid administrative rules related to Medicaid and non-Medicaid eligibility and Medical Work Requirements and other HR1 provisions, identifying necessary updates, assessing policy implications, and ensuring compliance with federal law, state policy objectives, and system-level operational needs.

			<ul style="list-style-type: none"> • Develop and contribute to comprehensive policy briefs, issue analyses, process and outcome reporting, and strategic recommendations for OHA leadership, other state agencies, legislators, and CMS to inform decision-making and guide ongoing work in Medicaid and non-Medicaid eligibility and Medical Work Requirements policy. • Represent the agency and communicate policy direction in cabinet-level and interagency forums; develop policy communications, informational materials, and presentations for diverse audiences including OHA/ODHS executive leadership, boards and commissions, the legislature, and the public. • Collaborate with OHA/ODHS staff, the Attorney General's Office, and other attorneys on legal questions related to Medicaid and non-Medicaid eligibility and Medical Work Requirements and other HR1 provisions; provide oral and written responses. • Directs and informs the development of federal waivers and state plan amendments, and advise internal and external partners on program policies, standards, administrative controls, and operational adjustments including the identification of training needs to ensure compliance.
25%		E	<p style="text-align: center;">Business Systems & Process Alignment:</p> <ul style="list-style-type: none"> • Sponsor and provide leadership oversight, guidance, decision-making, and critical resolution on the development and modification of computer information systems to support implementation and ongoing management of Medical Work Requirements as a condition of eligibility, and other Medicaid and non-Medicaid medical assistance eligibility program requirements and improve operations. • Provide functional direction and monitor primary computer systems to ensure full alignment with program objectives, requiring in-depth knowledge of system operations and interactions. • Initiate system changes to meet new eligibility requirements or enhance program performance. • Direct activities and co-lead efforts to develop business requirements for system changes, including leading work groups, gathering input from field staff, and working with information and data systems analysts to establish system needs.
20%		E	<p style="text-align: center;">Systems & Organizational Improvement:</p> <ul style="list-style-type: none"> • Build the state's capacity to manage Medicaid and non-Medicaid eligibility and Medical Work Requirements and

			<p>other HR1 provisions 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.</p> <ul style="list-style-type: none"> • Analyze complex operational and budgetary data to identify trends, inform technology system design decisions, and develop integrated operational systems, policies, and procedures as it relates to Medicaid and non-Medicaid eligibility and Medical Work Requirements and other HR1 provisions. • Lead and facilitate design sprints and oversee user testing with members/frontline staff; assess and refine workflows to optimize functionality, aligning intent and impact and reducing harm as it relates to communicating, implementing, and assessing adherence to Medical Work Requirements. • Lead and facilitate internal OHA workgroups to coordinate agencywide responses to federal policy changes affecting Medicaid and non-Medicaid eligibility and Medical Work Requirements and other HR1 provisions to remove barriers, drive timely decisions, and ensure consistent implementation across programs. • Define required data elements, timeliness, and quality controls for Medical Work Requirements reports and dashboards to assess enrollment impacts, access disruptions, appeals/complaints, and equity outcomes; drive and prioritize continuous improvement processes and strategies. • Utilize Medical Work Requirements reports and dashboards to identify and assess trends that indicate unexpected, inadvertent, disproportionate, and consequential impacts on Oregon Health Plan members; Investigate drivers of adverse actions, appeals, complaints, language barriers, and access disruptions. • Co-lead or serve as a subject matter expert on cross-functional and inter-agency efforts to develop and implement mitigation strategies, corrective actions, and operational safeguards; Continuously monitor to validate effectiveness and to assess risk of recurrence. • 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 administration, performance tracking, and integrity of federal financial participation as it relates to Medicaid and non-
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			Medicaid eligibility and Medical Work Requirements and other HR1 provisions.
15%		E	<p style="text-align: center;">Project Management:</p> <ul style="list-style-type: none"> • Identify and scope policy, system, and operational changes requiring project management, determining project structure and resource needs as it relates to Medicaid and non-Medicaid eligibility and Medical Work Requirements and other HR1 provisions. • 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. • Develop, monitor, and maintain decision logs; Guide, coordinate, and prioritize issue resolution and escalation pathways. • Advise OHA leadership on project risks, performance concerns, and strategic interventions needed to maintain progress and achieve operational objectives as it relates to Medicaid and non-Medicaid eligibility and Medical Work Requirements and other HR1 provisions policy. • Prepare high-level project reports, analyses, and briefings for the Medicaid Director and senior executives and – when appropriate – federal partners to support informed decision-making and oversight.
10%		E	<p style="text-align: center;">Legislative Coordination:</p> <ul style="list-style-type: none"> • Monitor federal and state legislation, evaluate programmatic impact, and initiate or coordinate legislative changes to support policy options, or plan changes to systems, operations, or procedures in response to legislation. • Research and lead development of legislative concepts affecting Medicaid and non-Medicaid eligibility and Medical Work Requirements and other HR1 provisions; draft bill language and write reports describing the impact of legislation on agency operations. • Advise OHA/ODHS leadership on the implications of state and federal legislative actions on Medicaid and non-Medicaid eligibility and Medical Work Requirements and other HR1 provisions; Lead and contribute subject matter expertise to state legislation bill analyses to ensure policy,

			<p>programmatic, operational, and equity risks, impacts and possibilities are clearly outlined and considered; Recommend amendments and validate fiscal impact statements considering effects on budgets, operations, contracts, staffing, service delivery, and partner agencies.</p> <ul style="list-style-type: none"> • Translate legislation into strategic direction, program goals, administrative rules, guidance, project management plans, and systems for tracking and implementing mandated changes as it relates to Medicaid and non-Medicaid eligibility and Medical Work Requirements and other HR1 provisions. • Develop OHA Medicaid Division testimony for legislative hearings and prepare responses to legislative inquiries, advocate correspondence, federal agency correspondence, community complaints, and organizational surveys, including drafting responses for the Director's signature.
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 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.

Moderate 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, 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 people 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,	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	As needed

Tribal providers, local and county programs)	letter/memo, report); Phone	direction or consultation; provide technical assistance; answer questions; gather input; enforce policies, regulations and contracts	
Tribal governments	In-person; Virtual (e.g. MS Teams, Zoom); Written (e.g. email, letter/memo, report); Phone	Collect, provide and discuss information and data; collaborate and coordinate on policies and programs; provide and receive direction or consultation; provide technical assistance; answer questions; gather input; enforce policies, regulations and contracts	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
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	Weekly, as needed

SECTION 7. POSITION-RELATED DECISION MAKING

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

Always determine the impact of programs, policies, operations, budgets, and all other aspects of the program on health equity.

Ensure decisions prioritize the equitable distribution or redistribution of resources and power and recognize, reconcile and rectify historical and contemporary injustices.

Develop and make recommendations on health care policies, operational changes, quality assurance oversight, and system and process needs related to successful coordination, development, vetting, implementation and operations of Medical Work Requirements. 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.

Monitor and recommend improvements to Medicaid services programs, (add, as relevant), especially as it relates to Medicaid and non-Medicaid eligibility and Medical Work Requirements .

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 within Oregon.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

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

Classification Title	Position Number	How	How Often	Purpose of Review
Health Policy & Program Manager 2 (HPPM2)	NBP	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.

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 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 supporting the development and implementation of 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 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

May 21, 2026

Date