

Announcement #	0902002	Division:	Program Integrity & Planning
Title of position:	Policy Associate (Intern)	Unit:	Health Policy
Grade:	8	Salary:	Up to \$37,573.74

Health Policy works to improve quality and efficiency in an evolving health care system that improves the lives of many Oklahomans. Our effectiveness depends on the capabilities of dedicated, professional staff committed to supporting these objectives. A career with Health Policy offers the opportunity to get involved in important health care issues and be part of a dynamic, fast-paced, and highly visible unit within the Health Care Authority. In this position you will be responsible for researching, analyzing, planning, coordinating, and preparing written rules, policies and procedures that lead to sound programmatic implementation of policies for Oklahoma health care. In addition, you will serve as an independent professional specialist and key staff person representing Health Policy on specific analytical projects or studies with the Planning Unit within Program Integrity and Planning in such areas, not limited to, as the Deficit Reduction Act, the Authority's Reform Pilot, Telemedicine, Medicaid Transformation Grants, Money Follows the Person Grant, Health Opportunity Accounts, Evidence Based Medicine and Health Care Disparity Initiatives.

Typical Functions May Include:

Policy Development

- Responsible for developing and coordinating development of policy and programs as the result of changes in law, regulation or strategic development of the agency.
- Responsible for conducting research, planning and coordinating activities for the purpose of evaluating the effectiveness of programs, policy and rules.

State Plan Management

- Responsible for development and submittal of State Plan Amendments for operation of state/federal programs and services.
- Prepare reports and recommendations regarding the general status and progress of each amendment; present findings about relevant problems or issues; conduct extensive research of complicated federal mandates or pending amendment concerns; develop State Plan strategies and options.
- Make recommendations related to identifying, developing, preparing and seeking federal approval of State Plan amendments and related policy, rules, procedures and regulations for statewide implementation of major state and federal programs.
- Conduct frequent evaluations of records, files and other documents; personally review work activities of staff to determine quality and accuracy of work performed.

Research

- Researches state and federal regulations and various reference materials to determine legal authority for and validity of new rules and revisions.
- Researches and advises agency personnel, outside agencies and the general public on the agency's current policies and responsible for maintaining history of all the agency rules, tracks and log policies, updates on-line policies within agency and coordinates updates of agency policy with outside agencies.
- Produces and analyzes database reports as requested on scheduled or ad-hoc basis utilizing a variety of software applications such as Business Objects, Access, Excel and PowerPoint, including presentations of research.
- Researches and investigates special areas of concern. Interprets laws and regulations and makes recommendations for changes to the Medicaid program.

Preferred Requirements:

- Bachelor's Degree in Business, Public Health, Public Administration, Healthcare Administration or a related field; and
- Current enrollment in a Master's program; and
- Completion of six (6) graduate hours.

Preference May Be Given To Candidates With:

- Policy development experience; and/or
- Health insurance or managed care experience; and/or
- State or Federal Government program management experience; and/or
- Master's degree or higher.

Internship Requirements:

- After selection the candidate will be required to submit an application, and be accepted, to the Carl Albert Internship Program (CAPIP).
- For more information please visit - http://ok.gov/opm/State_Jobs/Carl_Albert_Public_Internship_Program.html

ANNOUNCEMENT NUMBER	POSITION TITLE	DIVISION	UNIT	DESCRIPTION	PREFERRED REQUIREMENTS
<p>0902002</p>	<p>Health Policy Associate (Intern)*</p> <p>Grade 8 Up to \$37,573.74</p> <p>*See Internship Requirements</p>	<p>Program Integrity & Planning</p>	<p>Health Policy</p>	<p><i>Policy Development</i></p> <ul style="list-style-type: none"> ▪ Responsible for developing & coordinating dev of policy & programs as the result of changes in law, regulation or strategic dev of the agency. ▪ Responsible for conducting research, planning & coordinating activities for the purpose of evaluating the effectiveness of programs, policy & rules. <p><i>State Plan Management</i></p> <ul style="list-style-type: none"> ▪ Responsible for dev & submittal of State Plan Amendments for operation of state/federal programs & services. ▪ Prepare reports & recommendations regarding the general status & progress of each amendment; present findings about relevant problems or issues; conduct extensive research of complicated federal mandates or pending amendment concerns; develop State Plan strategies & options. ▪ Make recommendations related to identifying, developing, preparing & seeking federal approval of State Plan amendments & related policy, rules, procedures & regulations for statewide implementation of major state & federal programs. ▪ Conduct frequent evaluations of records, files & other documents; personally review work activities of staff to determine quality & accuracy of work. <p><i>Research</i></p> <ul style="list-style-type: none"> ▪ Researches state & federal regulations & various reference materials to determine legal authority for & validity of new rules & revisions. ▪ Researches & advises agency personnel, outside agencies & the general public on the agency's current policies & responsible for maintaining history of all the agency rules, tracks & log policies, updates on-line policies within agency & coordinates updates of policy with other agencies. ▪ Produces & analyzes database reports as requested on scheduled or ad-hoc basis utilizing a variety of software applications such as Business Objects, Access, Excel and PowerPoint, including presentations of research. ▪ Researches & investigates special areas of concern. Interprets laws & regulations & makes recommendations for changes to the Medicaid program. 	<ul style="list-style-type: none"> ▪ Bachelor's Degree in Business, Public Health, Public Administration, Healthcare Administration or a related field; and ▪ Current enrollment in a Master's program; and ▪ Successful completion of six (6) graduate hours. <p>Preference May Be Given To Candidates With:</p> <ul style="list-style-type: none"> ▪ Policy development experience; and/or ▪ Health insurance or managed care experience; and/or ▪ State or Federal Government program management experience; and/or ▪ Master's degree or higher. <p>Internship Requirements:</p> <ul style="list-style-type: none"> ▪ After selection the candidate will be required to submit an application, and be accepted, to the Carl Albert Internship Program (CAPIP). ▪ For more information please visit - http://ok.gov/opm/State_Jobs/Carl_Albert_Public_Internship_Program.html

Policy Associate (0902002)

Applicant Name:

Date:

SUPPLEMENTAL QUESTIONNAIRE

Supplemental questions are used to assist us in the evaluation of your application. By answering these questions, you help to reduce the amount of interpretation involved.

Please complete the questionnaire and attach to a completed application.

1a. Select **one** of the options below that best describes your education and experience.

I have a Bachelor's Degree in Public Health, Public Administration, Healthcare Administration or a related field; and

I am currently enrolled in a Master's program; and

I have completed six (6) graduate hours. (Go to 1b)

I do not meet any of the requirements as described. (Go to 2)

1b. Please provide the following information:

Degree Type:

Hours to Date or Date Completed :

Place and dates where you obtained experience in policy development; policy analyst; or program management/development; or technical, statistical research in support of programs and policies:

- A)
- B)
- C)

Internship Requirements:

▪ After selection the candidate will be required to submit an application, and be accepted, to the Carl Albert Internship Program (CAPIP).

▪ For more information please visit - http://ok.gov/opm/State_Jobs/Carl_Albert_Public_Internship_Program.html

2. Please indicate whether you have the following experience and list the position(s) where you obtained the experience.

Check all that apply and indicate where you obtained the experience

Advanced Education – Master's Degree or Higher
Degree:

Date Completed:

Policy Development Experience
Place and dates where you obtained the experience:

State or Federal Government program management experience
Place and dates where you obtained the experience:

Health Insurance or Managed Care Experience
Place and dates where you obtained the experience:

EMPLOYMENT APPLICATION

Oklahoma Health Care Authority
 Human Resources Department
 4545 N. Lincoln Boulevard, Ste. 124
 Oklahoma City, Oklahoma 73105-3400
 PHONE: 405.522.7093
 FAX: 405.530.7218
 EMAIL: personnel@okhca.org



Name: _____

Address: _____

City, State, Zip: _____

Preferred Contact #: (____)_____ Additional Contact #: (____)_____

May we contact you at work for interview purposes? _____ Work #: (____)_____

APPLICATION PROCEDURES: Vacancies currently open for recruitment are posted on the OK Health Care Authority website, www.okhca.org and are available in the HR office. Applications are accepted for vacancies during the announced posting period only. Please do not substitute a resume for this application (resumes may be attached as additional information only). For your convenience, please keep a copy of your application. It will save you time and effort in submitting additional applications as copies are acceptable.

Position sought:	Announcement #		
Are you willing and able, with or without accommodation, to perform necessary job-related travel?	YES	NO	
Date available for employment:			

Would you consider yourself to be computer-literate?	YES	NO	WPM Typing Skill:
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Please rate yourself on the following Microsoft Office products (or similar software):

I use MS Word:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
I use MS Excel:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
I use MS Access:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
I use MS Power Point:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly

What kind of computers/software have you used?

List special skills including business machines/office equipment operation:

<p>How did you learn about this position?</p> <input type="checkbox"/> OHCA Inter-Agency Job Posting <input type="checkbox"/> OHCA Web Page <input type="checkbox"/> Oklahoma Office of Personnel Management <input type="checkbox"/> www.monster.com <input type="checkbox"/> OK Joblink <input type="checkbox"/> Other, please indicate: _____	<input type="checkbox"/> Newspaper, please indicate which paper: <input type="checkbox"/> The Sunday Oklahoman <input type="checkbox"/> The Black Chronicle <input type="checkbox"/> El Nacional <input type="checkbox"/> Indian Times <input type="checkbox"/> Dan Nguyen News <input type="checkbox"/> Other, please indicate: _____
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EDUCATION: Verification of high school education is ONLY required if qualifications for employment exclude a college education. In order to meet application deadline, copies of official transcript, diploma, or certificates are required. However, if there is a delay in obtaining documentation, originals will be accepted at the offer of employment.

Name of School or College	City, State	Years Attended	# of Credit Completed	Area of Study	Type of Diploma Awarded	Date Diploma Awarded

List any professional or occupational licenses, certifications or registrations: _____

Have you ever worked for the State of Oklahoma? _____

If YES, please list the agencies and dates of your state employment: _____

EXPERIENCE: PLEASE LIST DIFFERENT POSITIONS WITH EACH EMPLOYER AS SEPARATE PERIODS OF EMPLOYMENT.

1	Present employer:				
Location:					
Job Title:			Employed Since:		
May we contact your present employer as a reference:				YES	NO
Supervisor's name:			Supervisor's phone:		
Description of work performed:					
# of employees supervised:	Present Salary:	Annually	Hourly	Hours worked per week:	
Reason for seeking a new position:					

2	Previous employer:					
Location:						
Job Title:			Dates Employed:	From:	To:	
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:	Present Salary:	Annually	Hourly	Hours worked per week:		
Reason for leaving this position:						

3	Previous employer:					
Location:						
Job Title:			Dates Employed:	From:	To:	
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:	Present Salary:	Annually	Hourly	Hours worked per week:		
Reason for leaving this position:						

4	Previous employer:					
Location:						
Job Title:			Dates Employed:	From:	To:	
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:	Present Salary:	Annually	Hourly	Hours worked per week:		
Reason for leaving this position:						

5 Previous employer:						
Location:						
Job Title:			Dates Employed:		From:	To:
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:		Present Salary:		Annually	Hourly	Hours worked per week:
Reason for leaving this position:						

6 Previous employer:						
Location:						
Job Title:			Dates Employed:		From:	To:
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:		Present Salary:		Annually	Hourly	Hours worked per week:
Reason for leaving this position:						

(If you have more than six separate periods of employment, fill out a blank sheet in the above format, sign & attach to this application)

I certify that the information supplied in this application and in any other form, oral or written, is true and accurate. I hereby authorize the Oklahoma Health Care Authority to verify the information I have provided in my employment application, in my oral statements and in any other documents or supplemental information I have provided to this agency for the purposes of employment. I understand and agree that any misstated, misleading, incomplete or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered. I hereby release from liability and hold harmless the Oklahoma Health Care Authority and its employees, along with any organization or individual providing information to the Oklahoma Health Care Authority, from any and all causes of action accrued to me as a result of such disclosure of information concerning me.

I understand that the position for which I am submitting this application is unclassified. The applicant selected for any unclassified position will serve at the will of the Chief Executive Officer. If selected for employment, I agree to conform to the policies, rules and regulations of the Oklahoma Health Care Authority, and understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Oklahoma Health Care Authority or myself. I understand that no representative of the agency, other than the Chief Executive Officer or designee, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature Required	Date
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OKLAHOMA HEALTH CARE AUTHORITY

AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE OF LIABILITY



I hereby authorize the Oklahoma Health Care Authority to verify the information I have provided in my employment application, in my oral statements and in any other documents or supplemental information I have provided to this agency for the purposes of employment. This shall include the authorization to conduct any and all personal background checks, including but not limited to, criminal history and related records, education and employment background and records, civilian and military court records and/or proceedings.

I certify that all information I have supplied to the Oklahoma Health Care Authority in my application and in any other form, oral or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered.

I realize that any criminal history may bar employment with the Oklahoma Health Care Authority. I further understand that nothing in my application is intended to imply or create an employment relationship or contract for employment.

I hereby release from liability and hold harmless the Oklahoma Health Care Authority and its employees, along with any organization or individual providing information to the Oklahoma Health Care Authority, from any and all causes or action accrued to me as a result of such disclosure of information concerning me.

I understand that a copy of this document shall have the same legal significance as the original.

Signature

Date

STATISTICAL DATA

The Oklahoma Health Care Authority adheres to equal employment opportunity/affirmative action guidelines set forth by state and federal laws. This information is sought to assist us in complying with these guidelines and to provide statistical data to appropriate state and federal agencies. It will not be used in any way to discriminate against any applicant for employment.

First:	Middle:	Last:
Social Security #:	Maiden or previous names:	
Race:	Gender:	Date of Birth
Are you legally authorized to work in the United States?	YES	NO
(Proof of employment eligibility will be required upon hire.)		
Have you ever been convicted of a felony?	YES	NO
If YES, please explain:		
(Convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.)		