

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>8-1-12</i>
------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000043</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Host</i> <i>Cleared 8/17/12, response attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-24-12</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

## Jan Polatty

---

**From:** Matt Salo <matt.salo@namd-us.org>  
**Sent:** Wednesday, August 01, 2012 11:46 AM  
**Cc:** Andrea Maresca; Tess Moore; Kathleen Nolan; Abby Kahn  
**Subject:** NAMD Survey on State Medicaid Operations  
**Attachments:** Medicaidoperationssurvey\_080112.pdf

Good morning,

NAMD is pleased to launch our **first annual State Medicaid Operations Survey!**

**Background and Purpose:** Frequently, NAMD gets queries about state Medicaid programs that we are currently unable to answer except anecdotally. These questions may include, "How are Medicaid agencies structured?", "How many staff and how many dollars do Medicaid directors oversee?" and "What are the critical authorities and programs Medicaid directors operate within their agencies?" Sometimes questions come from other directors who are trying to assess their comparability to other states, or from governors' offices looking to hire a new director.

To better answer these questions, NAMD's goals for this survey are as follows:

- Provide interested parties a snapshot of agency structures, authorities, and functional components, as well as the basic job description of Medicaid directors.
- Provide a basis for comparison to other states to assess what best practices and policies might be applicable to your state.
- Support sound decisions in the hiring of Medicaid directors.

**Instructions:** Access the survey here: <https://www.surveymonkey.com/s/KVPVHHC>. There is also a PDF version of the full survey attached for your reference. If more than one state staff person is completing different portions of this survey, you may use the PDF version to first compile all responses, then input all responses into the web-based survey using the above link. *We ask that you please submit one response per state by Friday, August 31<sup>st</sup>, 2012.*

We are looking forward to receiving your responses, and this time we are shooting for **100% participation from all 50 states, the territories, and DC**. To encourage you all to participate, we are offering a some incentives, including:

1. For the first completed survey to be submitted, the state will receive **one free registration to NAMD's fall conference**, October 28-30, 2012, in Crystal City, VA.
2. For the first region with all states/territories completing the survey, each state/territory within that region will receive a **Starbucks gift card in the amount of \$25**.

For questions or more information about NAMD's State Medicaid Operations Survey, feel free to contact Abby Kahn at (202) 403-8624 or [abby.kahn@namd-us.org](mailto:abby.kahn@namd-us.org)

Thanks and best wishes,

Matt

Matt Salo  
Executive Director  
National Association of Medicaid Directors  
444 North Capitol Street #309  
Washington, DC 20001

(P) 202-403-8621  
(F) 202-403-8627  
[matt.salo@namd-us.org](mailto:matt.salo@namd-us.org)

# State Medicaid Operations Survey

## 1. Welcome to NAMD's first annual State Medicaid Operations Survey!

### Background and Purpose:

Frequently, NAMD gets queries about state Medicaid programs that we are currently unable to answer except anecdotally. These questions include, "How are Medicaid agencies structured?" "How many staff and how many dollars do Medicaid directors oversee?" and "What are the critical authorities and programs Medicaid directors operate within their agencies?" Sometimes questions come from other directors who are trying to assess their comparability to other states, or from governors' offices looking to hire a new director.

To better answer these questions, NAMD's goals for this survey are as follows:

- 1) Provide interested parties a snapshot of agency structures, authorities, and functional components, as well as the basic job description of Medicaid directors.
- 2) Provide a basis for comparison to other states to assess what best practices and policies might be applicable to your state.
- 3) Support sound decisions in the hiring of Medicaid directors.

### Instructions:

PLEASE SUBMIT ONE RESPONSE FOR YOUR STATE BY FRIDAY, AUGUST 31st, 2012. If more than one staff person is completing different portions of this survey, you may use the PDF version to first compile all responses, then input all responses into the web-based survey using the original Survey Monkey link that was emailed to the state Medicaid Director.

PLEASE NOTE: Sensitive information (e.g. director salaries) would not be made available to the public, but other agency characteristics will be made publicly available and identifiable by state.

For questions or more information, feel free to contact Abby Kahn at (202) 403-8624 or [abby.kahn@namd-us.org].

## 2. Contact Information

### \*1. Which state Medicaid program do you represent?

### \*2. Name and title

### \*3. Email address

*David*

## 3. Medicaid Agency Structure

## State Medicaid Operations Survey

**4. Please provide the full name of the single state Medicaid agency in your state.**

**5. What is the Medicaid program's position within the state bureaucracy?**

**(Note: The words "division" and "sub-division" are meant to be generic terms. Please indicate if the Medicaid agency is a "division" or a "department" or if other terminology is used to describe the Medicaid program's position within your state government).**

- ☒ Its own agency
- ☐ A smaller division within a larger umbrella agency
- ☐ An even smaller sub-division within a division within a larger umbrella agency
- ☐ Other structure

Please explain

**6. Please provide the full position title of the Medicaid director in your state.**

**7. To whom does the Medicaid Director report?**

- ☒ Governor
- ☐ Agency head (please indicate below)
- ☐ Other Executive office (please indicate below)

Please explain

**8. Is the Medicaid director a political appointee (e.g. appointed by the Governor) or is he/she a civil servant?**

- ☒ Political appointee (please indicate below who appoints the Medicaid director)
- ☐ Civil servant
- ☐ Other

Please explain

## State Medicaid Operations Survey

**9. If the Medicaid director is a political appointee, does his/her appointment need confirmation?**

☒ Yes (please indicate below who confirms the appointment)

☐ No

Please explain

*Senate*

## 4. Medicaid Agency Budget

**10. What was the state share of the total budget for the Medicaid program for the most recent fiscal year available (please indicate year)?**

Annual budget \$

Fiscal year

Comments

**11. What percent of the state general funds did the Medicaid budget make up for the most recent fiscal year for which data is available? (please indicate year)**

% of general funds

Fiscal year

Comments

**12. Does the Medicaid Director administer/oversee state-only funded coverage programs (with no federal match)?**

☒ Yes

☐ No

Comments

*OSB, W&H, etc*

**13. How many lives are covered in the Medicaid program for the most recent fiscal year (please indicate year)?**

# of covered lives in  
Medicaid programs

Fiscal year

Comments

## State Medicaid Operations Survey

**14. How many lives were covered in the state-only funded coverage programs for the most recent fiscal year (please indicate year)?**

# of covered lives in state-only funded coverage programs

Fiscal year

Comments

**15. Please list your state Medicaid program's top 3 budget priorities for the upcoming fiscal year (please specify year).**

Priority #1

Priority #2

Priority #3

Fiscal Year

**16. Did the above 3 budget priorities for your state's Medicaid program change from the previous year? If so, in what way?**

## 5. Medicaid Director Responsibilities and Agency Governance

**17. Which state entity runs the operations of the CHIP program?**

Single state Medicaid agency

Other state entity, through MOU/contract

Outside contractor

Other entity

CHIP



Please specify name of entity

**18. Which state entity runs the operations of the Medicaid program's eligibility and enrollment functions?**

Single state Medicaid agency

Other state entity, through MOU/contract

Outside contractor

Other entity

Eligibility and enrollment functions



Please specify name of entity

## State Medicaid Operations Survey

### 19. Which state entity runs the operations of the Medicaid program's DD services waiver?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
DD services waiver	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

Don't know

### 20. Which state entity runs the operations of the Medicaid program's LTSS waivers and SPAs?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
LTSS waivers and SPAs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

### 21. Which state entity runs the operations of the Medicaid program's mental health services?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
Mental health services	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

Hybrid

### 22. Which state entity runs the operations of the Medicaid program's substance abuse services?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
Substance abuse services	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

Hybrid

### 23. Which state entity runs the operations of the Medicaid program's MMIS functions?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
MMIS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

Don't know

### 24. Which state entity runs the operations of the Medicaid program's HIV/AIDS services?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
HIV/AIDS services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity



## State Medicaid Operations Survey

### 25. Which state entity runs the operations of the Medicaid program's foster care services?

Single state Medicaid  
agency

Other state entity, through  
MOU/contract

Outside contractor

Other entity

Foster care services

☐☐☐☐

Please specify name of entity

### 26. Which state entity runs the operations of the Medicaid program's provider and facility licensure/credentialing functions?

Single state Medicaid  
agency

Other state entity, through  
MOU/contract

Outside contractor

Other entity

Provider and facility  
licensure/credentialing

☐☐☐☐

Please specify name of entity

### 27. Which state entity runs the operations of the Medicaid program's third party liability functions?

Single state Medicaid  
agency

Other state entity, through  
MOU/contract

Outside contractor

Other entity

Third party liability

☐☐☐☐

Please specify name of entity

### 28. Which state entity runs the operations of the Medicaid program's investigations and sanctioning of providers and enrollees?

Single state Medicaid  
agency

Other state entity, through  
MOU/contract

Outside contractor

Other entity

Investigations and  
sanctioning of providers  
and enrollees

☐☐☐☐

Please specify name of entity

## State Medicaid Operations Survey

**29. Does the state have an agreement/contract with local/county/regional government entities for any of the following Medicaid program functions?**

	Local	County	Regional
Eligibility and enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DD services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LTSS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other functions (please explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

## 6. Health Insurance Exchanges

**30. Has your state taken/is your state considering taking any action to establish either a state Health Insurance Exchange or a state-federal partnership Exchange?**

- ☐ Yes
- ☒ No

Comments

**31. If your state has taken/is considering taking action to establish a Health Insurance Exchange, what is its structure? (check all that apply)**

- ☐ Same governmental agency as Medicaid
- ☐ Separate governmental agency from Medicaid (please explain below)
- ☐ Quasi-governmental agency (please explain below)
- ☐ Non-governmental, non-profit entity (please explain below)
- ☒ N/A

Other (please explain)

## 7. Medicaid Agency Staffing and Leadership

## State Medicaid Operations Survey

**32. Please provide a link to a current organizational chart, if available, for the Medicaid agency. If not linkable, please email org chart to Abby.Kahn@namd-us.org.**

**33. If you cannot share an organizational chart, please list the divisions that are located within the Medicaid agency (e.g. Division of Health Care Benefits and Eligibility, etc.), and the position titles of the heads of those divisions (e.g. Deputy Director).**

**(Note: the words "division" and "head" are meant to be generic terms. Please indicate if the Medicaid agency is structured with "divisions" or "departments" or if other terminology is used to describe the organizational units within the Medicaid program).**

Division #1	<input type="text"/>
Division #1 head title	<input type="text"/>
Division #2	<input type="text"/>
Division #2 head title	<input type="text"/>
Division #3	<input type="text"/>
Division #3 head title	<input type="text"/>
Division #4	<input type="text"/>
Division #4 head title	<input type="text"/>
Division #5	<input type="text"/>
Division #5 head title	<input type="text"/>
Division #6	<input type="text"/>
Division #6 head title	<input type="text"/>
Division #7	<input type="text"/>
Division #7 head title	<input type="text"/>
Division #8	<input type="text"/>
Division #8 head title	<input type="text"/>
Division #9	<input type="text"/>
Division #9 head title	<input type="text"/>
Division #10	<input type="text"/>
Division #10 head title	<input type="text"/>
Division #11	<input type="text"/>
Division #11 head title	<input type="text"/>
Division #12	<input type="text"/>
Division #12 head title	<input type="text"/>
Other comments	<input type="text"/>

## State Medicaid Operations Survey

**34. How many full-time state employees work for the Medicaid agency under the director (during most recent fiscal year)?**

# of FTEs

Fiscal year

Comments

**35. How many part-time state employees work for the Medicaid agency under the director (during most recent fiscal year)?**

# of PTEs

Fiscal year

Comments

**36. On average, how many full-time contract employees did the Medicaid agency employ (in-house, supervised by agency staff) during the most recent year?**

# of full-time contractors

Fiscal year

Comments

**37. On average, how many part-time or project-specific contract employees did the Medicaid agency employ (in-house, supervised by agency staff) for the most recent year?**

# of part-time contractors

Fiscal year

Comments

**38. What percent of funded positions in the Medicaid agency remained vacant during the most recent year for which data is available? (please indicate year)**

% vacant

Fiscal year

**39. Do you anticipate an increase in hiring authority or FTE positions for the next fiscal year?**

☐ Yes

☐ No

☐ Not sure

Comments

## 8. Salary Information

## State Medicaid Operations Survey

PLEASE NOTE: This section containing salary information will not be made public, nor published with the survey results summary that will be available to all Medicaid Directors. However, NAMD frequently gets questions about Medicaid Director hiring practices from Governors' or other state Executive offices, so these responses will be made available to these state entities upon request.

### 40. Please state the annual salary range of the Medicaid director for the most recent year of available data (please indicate year).

- ☐ \$50,000 or less
- ☐ \$51,000-\$100,000
- ☒ \$100,001-\$150,000
- ☐ \$150,001-\$200,000
- ☐ \$200,001-\$250,000
- ☐ \$250,001-\$300,000
- ☐ more than \$300,000

Year, and other comments

### 41. Is the Medicaid director's annual salary statutorily set, is there a set range, and is there any discretion to set the salary at a different level?

- ☐ Specifically set in statute or civil service regulation with little or no discretion (e.g., salary discretion of less than \$5,000)
- ☒ Set using civil service rules but with some meaningful discretion (e.g., discretion of more than \$5,000 through job re-classification or pay ranges)
- ☐ Set with full, formal discretion (e.g., via "unclassified" status outside civil service regulation)
- ☐ Other

Please explain

### 42. How long has the current Medicaid director served in his/her position?

Name of current Medicaid Director

Years in position

Comments

## State Medicaid Operations Survey

**43. Has the current Medicaid director served in the Medicaid agency in other positions? If so, when and for how long?**

Other position(s) within  
Medicaid agency

Years in position(s)

Comments

**44. How long did the previous Medicaid Director serve in his/her position?**

Name of previous Medicaid  
Director

Years in position

Comments

**45. Does the Medicaid director have a contract for his/her employment?**

☐ Yes

☐ No

Please explain

## 9. Thank You.

NAMD appreciates your willingness to complete this survey.

We expect to release the results of this survey before our Fall Conference, October 28-30, 2012.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

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TO <i>Singleton</i>	DATE <i>8-1-12</i>
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1.			<i>Full w/ closed</i>
2.			
3.			
4.			





Jan Polatty

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Matt

Matt Salo  
Executive Director  
National Association of Medicaid Directors  
444 North Capitol Street #309  
Washington, DC 20001



(P) 202-403-8621  
(F) 202-403-8627  
[matt.salo@namd-us.org](mailto:matt.salo@namd-us.org)

Deindra -  
Can you get me the  
status of SC.Gov signature?  
I have 2 other docs. to  
send w/ it to Lowell @  
SC.Gov.

Thanks!  
Rhonda

# State Medicaid Operations Survey

## 1. Welcome to NAMD's first annual State Medicaid Operations Survey!

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## 2. Contact Information

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### \*3. Email address

*David*

## 3. Medicaid Agency Structure



## State Medicaid Operations Survey

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- ☒ Its own agency
- ☐ A smaller division within a larger umbrella agency
- ☐ An even smaller sub-division within a division within a larger umbrella agency
- ☐ Other structure

Please explain

**6. Please provide the full position title of the Medicaid director in your state.**

**7. To whom does the Medicaid Director report?**

- ☒ Governor
- ☐ Agency head (please indicate below)
- ☐ Other Executive office (please indicate below)

Please explain

**8. Is the Medicaid director a political appointee (e.g. appointed by the Governor) or is he/she a civil servant?**

- ☒ Political appointee (please indicate below who appoints the Medicaid director)
- ☐ Civil servant
- ☐ Other

Please explain





## State Medicaid Operations Survey

### 9. If the Medicaid director is a political appointee, does his/her appointment need confirmation?

☒ Yes (please indicate below who confirms the appointment)

☐ No

Please explain

Senate

## 4. Medicaid Agency Budget

### 10. What was the state share of the total budget for the Medicaid program for the most recent fiscal year available (please indicate year)?

Annual budget \$

Fiscal year

Comments

### 11. What percent of the state general funds did the Medicaid budget make up for the most recent fiscal year for which data is available? (please indicate year)

% of general funds

Fiscal year

Comments

### 12. Does the Medicaid Director administer/oversee state-only funded coverage programs (with no federal match)?

☒ Yes

☐ No

Comments

OSS, Wdnet, etc

### 13. How many lives are covered in the Medicaid program for the most recent fiscal year (please indicate year)?

# of covered lives in Medicaid programs

Fiscal year

Comments



## State Medicaid Operations Survey

**14. How many lives were covered in the state-only funded coverage programs for the most recent fiscal year (please indicate year)?**

# of covered lives in state-only funded coverage programs

Fiscal year

Comments

**15. Please list your state Medicaid program's top 3 budget priorities for the upcoming fiscal year (please specify year).**

Priority #1

Priority #2

Priority #3

Fiscal Year

**16. Did the above 3 budget priorities for your state's Medicaid program change from the previous year? If so, in what way?**

## 5. Medicaid Director Responsibilities and Agency Governance

**17. Which state entity runs the operations of the CHIP program?**

Single state Medicaid agency

Other state entity, through MOU/contract

Outside contractor

Other entity

CHIP

☒☐☐☐

Please specify name of entity

**18. Which state entity runs the operations of the Medicaid program's eligibility and enrollment functions?**

Single state Medicaid agency

Other state entity, through MOU/contract

Outside contractor

Other entity

Eligibility and enrollment functions

☒☐☐☐

Please specify name of entity



# State Medicaid Operations Survey

## 19. Which state entity runs the operations of the Medicaid program's DD services waiver?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
DD services waiver	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

DDSN

## 20. Which state entity runs the operations of the Medicaid program's LTSS waivers and SPAs?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
LTSS waivers and SPAs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

## 21. Which state entity runs the operations of the Medicaid program's mental health services?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
Mental health services	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

Hybrid

## 22. Which state entity runs the operations of the Medicaid program's substance abuse services?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
Substance abuse services	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

Hybrid

## 23. Which state entity runs the operations of the Medicaid program's MMIS functions?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
MMIS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

Cleanse

## 24. Which state entity runs the operations of the Medicaid program's HIV/AIDS services?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
HIV/AIDS services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity



# State Medicaid Operations Survey

## 25. Which state entity runs the operations of the Medicaid program's foster care services?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
Foster care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

Dept of Social Services provide these services

## 26. Which state entity runs the operations of the Medicaid program's provider and facility licensure/credentialing functions?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
Provider and facility licensure/credentialing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

## 27. Which state entity runs the operations of the Medicaid program's third party liability functions?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
Third party liability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

processed and pursuant to contract w/ outside vendor

## 28. Which state entity runs the operations of the Medicaid program's investigations and sanctioning of providers and enrollees?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	Other entity
Investigations and sanctioning of providers and enrollees	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity





## State Medicaid Operations Survey

**29. Does the state have an agreement/contract with local/county/regional government entities for any of the following Medicaid program functions?**

	Local	County	Regional
Eligibility and enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DD services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LTSS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other functions (please explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

## 6. Health Insurance Exchanges

**30. Has your state taken/is your state considering taking any action to establish either a state Health Insurance Exchange or a state-federal partnership Exchange?**

- ☐ Yes
- ☒ No

Comments

**31. If your state has taken/is considering taking action to establish a Health Insurance Exchange, what is its structure? (check all that apply)**

- ☐ Same governmental agency as Medicaid
- ☐ Separate governmental agency from Medicaid (please explain below)
- ☐ Quasi-governmental agency (please explain below)
- ☐ Non-governmental, non-profit entity (please explain below)
- ☒ N/A

Other (please explain)

## 7. Medicaid Agency Staffing and Leadership



## State Medicaid Operations Survey

**32. Please provide a link to a current organizational chart, if available, for the Medicaid agency. If not linkable, please email org chart to Abby.Kahn@namd-us.org.**

**33. If you cannot share an organizational chart, please list the divisions that are located within the Medicaid agency (e.g. Division of Health Care Benefits and Eligibility, etc.), and the position titles of the heads of those divisions (e.g. Deputy Director).**

**(Note: the words "division" and "head" are meant to be generic terms. Please indicate if the Medicaid agency is structured with "divisions" or "departments" or if other terminology is used to describe the organizational units within the Medicaid program).**

Division #1	<input type="text"/>
Division #1 head title	<input type="text"/>
Division #2	<input type="text"/>
Division #2 head title	<input type="text"/>
Division #3	<input type="text"/>
Division #3 head title	<input type="text"/>
Division #4	<input type="text"/>
Division #4 head title	<input type="text"/>
Division #5	<input type="text"/>
Division #5 head title	<input type="text"/>
Division #6	<input type="text"/>
Division #6 head title	<input type="text"/>
Division #7	<input type="text"/>
Division #7 head title	<input type="text"/>
Division #8	<input type="text"/>
Division #8 head title	<input type="text"/>
Division #9	<input type="text"/>
Division #9 head title	<input type="text"/>
Division #10	<input type="text"/>
Division #10 head title	<input type="text"/>
Division #11	<input type="text"/>
Division #11 head title	<input type="text"/>
Division #12	<input type="text"/>
Division #12 head title	<input type="text"/>
Other comments	<input type="text"/>



## State Medicaid Operations Survey

**34. How many full-time state employees work for the Medicaid agency under the director (during most recent fiscal year)?**

# of FTEs

Fiscal year

Comments

**35. How many part-time state employees work for the Medicaid agency under the director (during most recent fiscal year)?**

# of PTEs

Fiscal year

Comments

**36. On average, how many full-time contract employees did the Medicaid agency employ (in-house, supervised by agency staff) during the most recent year?**

# of full-time contractors

Fiscal year

Comments

**37. On average, how many part-time or project-specific contract employees did the Medicaid agency employ (in-house, supervised by agency staff) for the most recent year?**

# of part-time contractors

Fiscal year

Comments

**38. What percent of funded positions in the Medicaid agency remained vacant during the most recent year for which data is available? (please indicate year)**

% vacant

Fiscal year

**39. Do you anticipate an increase in hiring authority or FTE positions for the next fiscal year?**

☐ Yes

☐ No

☐ Not sure

Comments

## 8. Salary Information



## State Medicaid Operations Survey

PLEASE NOTE: This section containing salary information will not be made public, nor published with the survey results summary that will be available to all Medicaid Directors. However, NAMD frequently gets questions about Medicaid Director hiring practices from Governors' or other state Executive offices, so these responses will be made available to these state entities upon request.

**40. Please state the annual salary range of the Medicaid director for the most recent year of available data (please indicate year).**

- ☐ \$50,000 or less
- ☐ \$51,000-\$100,000
- ☒ \$100,001-\$150,000
- ☐ \$150,001-\$200,000
- ☐ \$200,001-\$250,000
- ☐ \$250,001-\$300,000
- ☐ more than \$300,000

Year, and other comments

**41. Is the Medicaid director's annual salary statutorily set, is there a set range, and is there any discretion to set the salary at a different level?**

- ☐ Specifically set in statute or civil service regulation with little or no discretion (e.g., salary discretion of less than \$5,000)
- ☒ Set using civil service rules but with some meaningful discretion (e.g., discretion of more than \$5,000 through job re-classification or pay ranges)
- ☐ Set with full, formal discretion (e.g., via "unclassified" status outside civil service regulation)
- ☐ Other

Please explain

**42. How long has the current Medicaid director served in his/her position?**

Name of current Medicaid Director	<input type="text"/>
Years in position	<input type="text"/>
Comments	<input type="text"/>





## State Medicaid Operations Survey

**43. Has the current Medicaid director served in the Medicaid agency in other positions? If so, when and for how long?**

Other position(s) within  
Medicaid agency

Years in position(s)

Comments

**44. How long did the previous Medicaid Director serve in his/her position?**

Name of previous Medicaid  
Director

Years in position

Comments

**45. Does the Medicaid director have a contract for his/her employment?**

☐ Yes

☐ No

Please explain

## 9. Thank You.

NAMD appreciates your willingness to complete this survey.

We expect to release the results of this survey before our Fall Conference, October 28-30, 2012.

