

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

**ACTION REFERRAL**

TO <i>Wells</i>	DATE <i>1-17-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>000464</i>	<input type="checkbox"/> Prepare reply for the Director's signature  DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature  DATE DUE <i>1-26-07</i>	
2. DATE SIGNED BY DIRECTOR  <i>Cleared 1/12/07, no pause attached,</i>		<input type="checkbox"/> FOIA  DATE DUE _____	
		<input type="checkbox"/> Necessary Action	

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

**From:** "Ashley Trantham" <ATrantham@aphsa.org>  
**Date:** 1/12/2007 2:02:43 PM  
**Subject:** NASMD State Operations Survey

*Linda Malone*  
*1/12/2007 2:02:43 PM*

Dear Medicaid Director:

Throughout the past few months, NASMD has received numerous requests for information on state Medicaid program operational issues. In order to better serve states and gain a greater understanding of state Medicaid structures, we are requesting the following information from your state:

Organization chart of your state Medicaid agency as well as a chart of how your Medicaid agency fits within the state government.

\* Organizational charts will be posted on the NASMD web site.

In addition, please take a moment to complete the brief online state operations survey: <http://www.surveymonkey.com/s.asp?u=762313125223>

Thank you for taking the time to provide this valuable information.

E. Ashley Trantham

NASMD Communications Manager

National Association of State Medicaid Directors

American Public Human Services Association

810 First Street, NE Suite 500

Washington, DC 20002

202-682-0100 ext. 274

[atrantham@aphsa.org](mailto:atrantham@aphsa.org)

[www.nasmd.org](http://www.nasmd.org)

## State Operations Survey

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### 1. State Medicaid Agency Information

Throughout the past few months, NASMD has received numerous requests for information on state Medicaid program operational issues. In order to better serve states and gain a greater understanding of state Medicaid structures, we are requesting the following information from your state.

**\* 1. Please enter your name and state:**

Name

State

**2. Is the state Medicaid director appointed by the governor, or is the director a regular state employee?**

- ☐ Appointed by Governor
- ☐ Regular state employee
- ☐ Other (please specify)

**3. State Medicaid director's educational background:**

**4. Years of professional experience:**

**\* 5. What is the salary range for your state's Medicaid director position?**

**6. Your Medicaid agency consists of how many staff members?**

**\* 7. How many staff members report directly to the state Medicaid director?**

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## State Operations Survey

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### 1. State Medicaid Agency Information

Throughout the past few months, NASMD has received numerous requests for information on state Medicaid program operational issues. In order to better serve states and gain a greater understanding of state Medicaid structures, we are requesting the following information from your state.

\* 1. Please enter your name and state:

Name x Robert M. Kent  
State x South Carolina

2. Is the state Medicaid director appointed by the governor, or is the director a regular state employee?

- ☒ Appointed by Governor  
☐ Regular state employee  
☐ Other (please specify)

3. State Medicaid director's educational background:

B.S. ~~BSB~~ Accounting

4. Years of professional experience:

20 years

\* 5. What is the salary range for your state's Medicaid director position?

x 131,417 - 203,592

6. Your Medicaid agency consists of how many staff members?

1300

\* 7. How many staff members report directly to the state Medicaid director?

x 5

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## State Operations Survey

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### 2. Additional Questions

\* 7. What is the size of your state's Medicaid budget?

*\$5 billion*

\* 8. Is your state's eligibility office housed within the Medicaid agency?

x

*yes*

9. Are all functional areas of medical assistance housed in your state (Managed Care, Program and Policy, Information, Finance and Support, etc.)? If no, please list the area that is not a part of your Medicaid agency

*yes*

10. Is SCHIP housed in your Medicaid agency?

*yes*

11. Who oversees the state Medicaid director? (legislative oversight board, Commissioner of HHS?)

*Governor*

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## State Operations Survey

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### 3. Important Contact Information

Please provide the following information for the following:

12. Please provide the name and contact information for your executive assistant.

Name

Title

Phone Number

E-mail Address

Linda Malone  
Administrative Coordinator II  
803-898-2504  
~~MA~~ MALONE@scdhs.gov

13. Please provide the name and contact information for your chief of staff (if applicable).

NA

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[Done >>](#)