

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Kost</i>	DATE <i>6-18-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000397</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mc Daniels</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-12-13</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.			

**Brenda James**

**RECEIVED**

**From:** Jan Polatty  
**Sent:** Monday, June 17, 2013 6:54 PM  
**To:** Brenda James  
**Cc:** Monique McDaniels  
**Subject:** FW: NAMD Operations Survey

JUN 18 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Brenda, If this is the one Monique is working on and asked for a copy of last year's this morning, we should probably log if not already logged. Thanks, Jan.

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**From:** Matt Salo [mailto:matt.salo@namd-us.org]  
**Sent:** Friday, June 14, 2013 11:15 AM  
**Cc:** Andrea Maresca; Kathleen Nolan; Aaron Larrimore; Tess Moore  
**Subject:** NAMD Operations Survey

Dear Medicaid Directors:

NAMD would like to invite you to complete our 2nd Annual Operations Survey. This survey collects information on how the Medicaid program functions in each state by providing a snapshot of agency structures, authorities, and functional components, as well as the basic job description of Medicaid Directors. It provides a basis for comparison to other states on operational issues, and demonstrates shifts in authority and focus over time. It is a truly unique and valuable survey that describes the challenges you face and the range of responsibilities you must meet as a Medicaid Director.

The Operations Survey is one of our flagship surveys, and our inaugural year of 2012 spurred considerable interest from a range of stakeholders. Last year, 45 Medicaid agencies replied to survey, which gave us the opportunity to understand how different and how similar the role of the Medicaid Director is across states. This year, we hope to continue that success and have the participation of our entire membership. We expect to release the results of this survey before our Fall Meeting.

The Operations Survey is hosted here: [https://www.surveymonkey.com/s/NAMD\\_Ops\\_Survey](https://www.surveymonkey.com/s/NAMD_Ops_Survey)

For questions or more information about NAMD's Operations Survey, contact Aaron Larrimore at (202) 403-8624 or [aaron.larrimore@namd-us.org].

Thanks!  
Matt

## 1. Welcome to NAMD's Second 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 9th, 2013. If more than one staff person is completing different portions of this survey, you may use a 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 contact Aaron Larrimore at (202) 403-8624 or [aaron.larrimore@namd-us.org] for a PDF copy.

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 Aaron Larrimore at (202) 403-8624 or [aaron.larrimore@namd-us.org].

## 2. Contact Information

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

**\*2. Name and title**

**\*3. Email address**

### 3. Medicaid Agency Structure

**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

**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

## 4. Medicaid Agency Budget

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

Annual budget \$	<input type="text"/>
State share	<input type="text"/>
Federal share	<input type="text"/>
Fiscal year	<input type="text"/>
Comments	<input type="text"/>

### 11. Does the Medicaid Director administer/oversee limited benefit programs or full benefit programs for certain defined populations?

- Family Planning
- Breast and Cervical Cancer
- Buy In for Disabled Working Individuals

Other (please specify)

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

- Yes
- No

Comments

### 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	<input type="text"/>
Fiscal year	<input type="text"/>
Comments	<input type="text"/>

### 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	<input type="text"/>
Fiscal year	<input type="text"/>
Comments	<input type="text"/>

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

Priority #1	<input type="text"/>
Priority #2	<input type="text"/>
Priority #3	<input type="text"/>
Fiscal Year	<input type="text"/>

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

**17. Has your state contemplated or moved forward on a payment or delivery system reform initiative? Check all that apply**

- Episodic payment
- Bundled payment
- Global payment
- Medical home
- Accountable Care Organization

Please explain:

**18. When fully implemented, what is your projected enrollment of the reform initiative?**

## 5. Medicaid Director Responsibilities and Agency Governance

### 19. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

### 20. 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	<input 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 developmental disability (DD) services waiver?

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

Please specify name of entity

### 22. Which state entity runs the operations of the Medicaid program's long-term services and supports (LTSS) waivers and state plan amendments (SPAs)?

	Single state Medicaid agency	Other state entity, through MOU/contract	Outside contractor	A combination of the above depending on the waiver	Other entity
LTSS waivers and SPAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

### 23. 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

**24. 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

**25. 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

**26. 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

**27. 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

**28. 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

**29. Which state entity runs the operations of the Medicaid program's transportation program?**

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

Please specify name of entity

**30. 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify name of entity

**31. 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"/>
Transportation	<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

**32. Does your program have a Data Analytics or Data Informatics division, unit, or capability? If so, how is the capability organized?**

- Unit maintained in-house
- Service contracted out to vendor
- No capability

Please explain:

**33. Have program integrity issues become a larger part of your job?**

- Yes
- No

Please Explain:

**34. Have you taken on any additional program integrity initiatives, projects, or activities?**

Yes

No

Please Explain:

**35. If your program integrity activity has increased, does this represent an expanded emphasis on program integrity?**

Yes

No

Please explain:

## 6. Health Insurance Exchanges

### 36. What type of Health Insurance Exchange is active or will be active in your state?

- State Based Exchange
- State Partnership Marketplace
- Federally Facilitated Marketplace

Comments

### 37. If your state has or will have a State Based 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

**38. Please provide a link to a current organizational chart, if available, for the Medicaid agency. If not linkable, please email org chart to [aaron.larrimore@namd-us.org](mailto:aaron.larrimore@namd-us.org).**

**39. 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"/>

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

# of FTEs

Fiscal year

Comments

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

# of PTEs

Fiscal year

Comments

**42. 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

**43. 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

**44. 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

**45. Do you anticipate a change in hiring authority or FTE positions for the next fiscal year?**

- Increase
- Decrease
- No change
- Not sure

Comments

## 8. Salary Information

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.

**46. 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

**47. 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

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

Name of current Medicaid  
Director

Years in position

Comments

**49. 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

**50. If the current Medicaid director has not served in the Medicaid agency in other positions, have they worked in a position that interacted with a Medicaid agency previously?**

- Managed Care Organization
- Consultant
- Advocacy Organization
- Other

Years in other position:

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

Name of previous Medicaid Director

Years in position

Comments

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

- Yes
- No

Please explain

**53. Has your job become more or less political over the last year?**

- More Political
- Less Political
- No Change

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 Meeting, November 11-13, 2013.

## Brenda James

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**From:** Monique McDaniels  
**Sent:** Tuesday, June 18, 2013 7:40 AM  
**To:** Jan Polatty; Brenda James  
**Subject:** Fw: 2013 NAMD Survey  
**Attachments:** NAMD 2012 Operations Survey.pdf; NAMD 2013 Operations Survey.pdf

FYI, for your records.

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Monique McDaniels  
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**From:** Monique McDaniels  
**Sent:** Monday, June 17, 2013 1:35:22 PM  
**To:** Bryan Kost; Beth Hutto; John Supra; Peter Liggett; Deirdra Singleton; Kathleen Snider  
**Cc:** Kim Cox; Monique McDaniels; Jennifer Lynch  
**Subject:** 2013 NAMD Survey

Good afternoon,

I hope this email correspondence finds everyone well. The NAMD has requested that Director Keck complete the 2013 Medicaid Operations Survey. We want to ensure that we are providing them with accurate and current information therefore we are asking that each of you review the survey and complete the portions that pertain to the area in which you are recognized as the expert.

For your convenience, I've attached a copy of last year's submission (2012) and the PDF version of this year's survey which we will complete electronically. Below, we've listed a breakdown of who needs to answer which question. **We need your responses by the COB, Monday, July 15<sup>th</sup>.** You may complete your answers on the document, scan it in and email it back to me, physically hand me a copy of the survey or you can send me an email with your answers.

Please note, that several of you may have the same question to review, if that is the case and if we need to, we will compare both responses and speak with the responders of that question to ensure we are providing the NAMD with the most accurate information.

- **Beth Hutto's Questions:** 10, 31
- **Bryan Kost's Questions:** 11, 15-18, 31, 33-35
- **John Supra's Questions:** 13, 14, 19-20 25-28, 30-31, 36-37, 38-50

- **Pete Ligget's Questions: 14, 21-24, 26, 31**
- **Deirdra Singleton's Questions: 29, 31**
- **Kathleen Snider's Questions: 33-35**

We sincerely thank you in advance for your time and consideration and we truly appreciate your willingness to help us complete the 2013 NAMD Operations Survey. If you have any questions please let us know.

Have a great day!

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