

Onboarding to the position of Medicaid Director and to the Medicaid program itself can feel like a daunting and confusing task. While complex, the operations and programs of a Medicaid agency can be distilled into a few fundamental roles: reliably deliver core functions and obligations of the Medicaid program; cultivate stakeholder relationships critical to agency function and stability; and support constituent-driven programming that promotes access and equitable health outcomes.

## The Roadmap

The **New Medicaid Director Roadmap** (the Roadmap) provides new Directors with insights gleaned from seasoned peers and leadership literature in key areas of focus. The Roadmap offers guidance as new Medicaid Directors approach their work; suggests actions they might take during onboarding; and offers reflection questions to support each phase.

The Roadmap delves into seven areas a new Director should focus on “activating” during their first year of service. The seven **activated areas** are:



These insights are mapped across three phases of onboarding, outlined below.



### Phase 1 | Assess and Get Started

Beginning any new position can be unsettling as a leader orients themselves to a new environment and scope of responsibilities. For Medicaid Directors, the first month or two of service also includes establishing new relationships with critical internal and external stakeholders, at the state and federal level. This includes conducting internal assessment of your leadership, organization and operation, and an external assessment of stakeholders, landscape and politics important to the agency.

### Phase 2 | Correct and Continue Learning

During the first phase of your new Director tenure, you focused on assessing and absorbing. This second phase is the time to articulate priorities – testing some concepts, reflecting, and redirecting. This is the “messy middle” of your first year of service. The move from assessment to action may be triggered by your completion of the assessment phase or externally, by a cyclical force such as the budget cycle or legislative session.



### Phase 3 | Reflect and Redirect








When you were first acclimating to the role of Medicaid Director you conducted a comprehensive assessment. In the remainder of your first year of service, you used that assessment to articulate priorities, test concepts, and redirect the team’s work to best strengthen the agency. The one-year milestone is an ideal time to reflect on performance and trajectory using the same areas laid out in this Roadmap. This is the time to look forward in your service and begin thinking about what you will leave behind as legacy of your tenure.

The Roadmap can be viewed as a multi lane highway, with parallel lanes of work happening in each activated area all at once. It can also be viewed as a “bingo card”, in which certain areas of your personal leadership development might be farther along than in others. The Roadmap phases and activated areas are summarized in the chart on the next page.

# NEW MEDICAID DIRECTOR ROADMAP

## Executive Summary



Activated Area	Phase 1 Assess & Get Started	Phase 2 Correct & Learn	Phase 3 Reflect & Redirect
 <b>Personal Leadership</b>	Convey your leadership style and work preferences to better build rapport.	Articulate your passion and where you seek to make impact.	Articulate longer-term professional and leadership goals for yourself.
<b>Inside the Agency</b>			
 <b>Organizational Culture &amp; Staff</b>	Listen and observe with intention, to understand organization culture and structures.	Articulate priorities around workforce capacity and development.	Develop a strategy for how institutional structures will enhance organizational and workforce success.
 <b>Program Performance &amp; Operations</b>	Map which areas of program performance and operations are running smoothly, struggling or in crisis.	Lay out areas of high influence to make progress in areas the agency needs the most.	Articulate a vision for how the system of care could better serve beneficiaries and maximize Medicaid program levers.
 <b>Leaders Above &amp; Across</b>	Understand vertical and horizontal structures and leadership dynamics between the Medicaid agency, other divisions, and “sister” agencies.	Activate a plan to steward peer and leader relationships across state government.	Capitalize on relationships to advance cross-system goals and inter-agency collaboration.
<b>External to the Agency</b>			
 <b>External Stakeholders</b>	Learn the landscape of external stakeholders and begin to meet with key partners.	Execute a hierarchy by which you and your deputies will steward external relationships.	Create a pathway to cultivate stakeholder relationships that will best meet evolving and future needs of Medicaid.
 <b>Legislative &amp; Political Environment</b>	Get a grasp of perspective, tone, and degree of the relationship between the Medicaid agency and the legislative branch.	Articulate priorities and actions that are explicitly tied to when the legislature is in and out of session.	Build awareness, relationships and trust to move Medicaid legislative priorities forward.
 <b>Health Care Landscape</b>	Orient yourself to the health care landscape of the state, region, and nation specific to impacts on the Medicaid program.	Enhance your position as Medicaid expert, in context of the state health care landscape.	Set your sights to become a systems-level thinker and not just a consumer of the health care landscape but a producer in it.

## Additional Resources

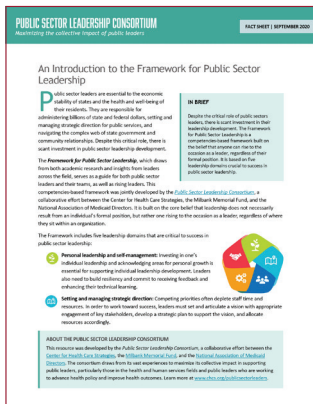
The Roadmap is not a standalone resource. It is part of the larger library of leadership resources and tools available through NAMD. The [leadership resource library](#) is organized according to Public Sector Leadership Framework\* domains.

These resources are particularly useful:

- [Keys to Successfully Manage Medicaid Finances](#)
- [Questions to ask your Chief Financial Officer](#)
- [Leader Archetypes | The Deputy Director](#)
- [Making Communications Your Ally in Success](#)

NAMD's stable of on-demand consultants offer complementary personalized training and resources. Whether you're looking to polish the "elevator pitch" of your strategic vision or figure out what data works best in budgeting conversations, NAMD consultants are here to help:

[NAMD On-Demand TA](#)



\*The New Medicaid Director Roadmap builds off core competencies articulated in the [Public Sector Leadership Framework](#). The Framework is a competency-based framework that provides insights into the capacities and actions that make public sector leaders, like Medicaid Directors, successful. It was created through a collaboration between NAMD, the [Center for Health Care Strategies](#) and the [Milbank Memorial Fund](#).



# PHASE 1

## Access and Get Started



### Introduction

Especially within the first year of service, a Medicaid Director is most effective when they prioritize their effort on functions that only a Director can do – unique to their role, authority, and leadership. The first phase of service (about two months) is all about conducting internal assessment of your leadership, organization and operation, and an external assessment of stakeholders, landscape, and politics important to the agency.

Use the grace often granted to a new leader to help ascertain where you start – ask questions of yourself, your team, the organization, and the health care landscape.

NAMD and our partners in the Public Sector Leadership Consortium articulated **critical domains a leader should keep in mind** when stewarding a complex public agency like Medicaid. This framework compliments each of the activated areas you'll find throughout the Roadmap. **You can [learn more here](#)** (and consider bookmarking this page for future use).



#### Personal Leadership

*Goal:* Convey your leadership style and work preferences to better build rapport. Communicate clearly with deputies and senior leaders about your leadership style, communications preferences, what kinds of information you need to make decisions, and what frustrates you as a leader. Consider establishing leadership [team goals](#). Begin to set personal leadership goals, as you become increasingly aware of your new role and scope of influence.

#### Actions:

- Develop a written document or PowerPoint that outlines the key aspects of your leadership style (such as [Clifton Strengths](#).) This exercise can help bring clarity to you and your team about how you operate best as a leader.
- Once you better understand the organizational structure and hierarchy, think strategically about what kind of leadership relationship you will need with each layer of the bureaucracy.



# PHASE 1

## Access and Get Started



### Organizational Culture & Staff

*Goal:* Listen and observe with intention to understand organization culture and structures. Be alert for micro cultures existing within operational units or teams. Assess where the agency culture has been intentionally created vs. evolved over time.

*Actions:*

- Review previous employee satisfaction surveys from other staff. Understand the frequency and reliability of this data and how it might be applied.
- Meet with Human Resources staff to gain insights from recruitment, hiring, disciplinary actions, off-boarding, and exit interviews with staff who have recently left the organization.
- Ask Human Resources to assist in mapping key agency vacancies and the process to hire.



### Program Performance & Operations

*Goal:* Map which areas of program performance and operations are running smoothly, struggling, or in crisis. Prioritize areas that are in the most need of performance improvement to identify root causes and if there is internal capacity to fix them. In some cases, priorities for Medicaid will be set externally by the governor or secretary. Here, the Medicaid Director must seek to gain as much understanding of expectations as possible. Familiarize yourself with the current strategic plan and be aware of when the next strategic planning cycle will begin.

*Actions:*

- Request a structured briefing by every major operational unit in the agency. At each briefing, consider asking questions such as: what are your key areas of responsibility, what is the status of operations, what is working well, what are the areas of struggle, what things are you doing to address the areas of struggle and what do you need from me as a leader to support your work. Use this information to build your operational priorities.
- Get a briefing from your legal team or the attorney general’s office on any current or pending legal actions against the program. Articulate how you expect to be kept abreast of legal actions moving forward.
- If possible, come up with a very brief elevator pitch of your goals for the agency in your first 1-2 years. These can be heavily based on the current strategic plan, as well as any additional plans you have in mind. You will be asked this often and even though it can feel overwhelming so early in your tenure, be prepared with just a few sentences to respond to these questions.

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*“Coming into a bureaucracy it’s important to listen and learn to understand why things work the way they do. Use historical knowledge to inform change.”*

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~ Melisa Byrd, District of Columbia



# PHASE 1

## Access and Get Started



### Leaders Above & Across

*Goal:* Understand vertical and horizontal structures of leadership between the Medicaid agency and other divisions and “sister” agencies. Get a pulse for existing power and leadership dynamics including power vacuums.

*Actions:*

- Request a briefing about how information flows between the governor’s office and the Medicaid agency. For example, are there formal written reports, regular meetings, ad hoc meetings, or no established regular communication?
- Explicitly ask your immediate boss who within the state enterprise you need to establish relationships with. The answer may be the state budget division, state health and human services agencies, the attorney general’s office, or others.

*“Be warned, the legislature will want all of your time. From day one, managing your time and your focus is critical to successful leadership.”*

*~ Jami Snyder, Arizona*



### External Stakeholders

*Goal:* Learn the landscape of external stakeholders and begin to meet with key partners. Vested stakeholder groups range from consumer advocates, provider associations, and current and business-seeking vendors. All want face-time with the Medicaid Director – likely urgently. You will need to determine who gets priority, how, and when.

*Actions:*

- Ask each operating unit/team to identify the key stakeholders with whom they work and provide the status of that relationship.
- Work with your executive assistant to schedule introductory meetings with the top ten stakeholders during your second month. Be sure an internal subject matter expert participates in these meetings. This may include vendors, tribes, advocacy organizations, or provider organizations.



# PHASE 1

## Access and Get Started



### Legislative & Political Environment

*Goal:* Quickly get a grasp of the perspective, tone of the relationship, and degree of trust between the Medicaid agency and the legislative branch. Understand who handles these relationships either within the agency or elsewhere in the state structure.

*Actions:*

- Convene an internal meeting with the state policy team, legislative affairs staff, or those external to the division to be briefed on the Director’s role, relationship, and responsibility in relation to the legislature.
- Request that your policy and finance directors map the legislative cycle including typical milestones, documentation, and budgeting activities that prepare for the legislative session. As if on a map, understand where “you are here.”
- A likely default is that the Medicaid Director should be the chief steward of legislative relationships. Determine the nature of staff-to-staff relationships.

*“Build trusted advisors within the agency. It’s important to understand the unvarnished truth so you don’t step in landmines.”*

*~ Sarah Fertig, Kansas*



### Health Care Landscape

*Goal:* Generally orient yourself to the health care landscape of the state, region, and nation specific to impacts on the Medicaid program. Understand forces that accelerate or present barriers to the goals of the program and the agency.

*Actions:*

- At a high-level, assess the knowledge and gaps in expertise within agency leadership. Ask what your deputies keep regular pulse of in the health care market and where there are blind spots. Compare to your strengths and weaknesses.
- Identify a short list of reliable regional and national resources from which you will draw health care updates and trends. Join monthly NAMD Regional calls to stay abreast of trends in neighboring states.





## PHASE 1

### *Access and Get Started*



1. Using a SWOT-styled lens (Strengths, Weaknesses, Opportunities, and Threats), what areas do you need to prioritize, short and long term, moving forward?



2. Do you have a growing sense of the work that can only be done by the Medicaid Director, and not delegated across the senior team?



3. In your assessment, in what state is the agency's workforce, culture, reputation, and operational soundness?

### *Special Considerations by Type of Leader*

- The **Interim Medicaid Director** is defined by transition – your transition in and the type of glide-path you can create for the confirmed Director. A critical assessment of agency operations, functions, and programming creates a guide and saves time for whomever is confirmed.
- The Medicaid Director **promoted from within** the state agency will definitely have a leg up when they ascend to the Director position. A smooth onboarding capitalizes on reputation, expertise, and relationships you already hold.
- The Medicaid Director **recruited externally** and new to public sector leadership is often valued for their fresh eyes and perspective. During the assessment phase, you are particularly well-positioned to ask a lot of questions – even obvious ones – to get at what has evolved as practice, what is protected legacy, and where the agency has fallen into habit.



## PHASE 2

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*Correct and Learn*



### *Introduction*

In your first 1-2 months as new Director, you conducted a comprehensive assessment of the agency, operations, programs, relationships, and external factors of influence. Job number one was to absorb. With that general compass in hand, now move to articulate priorities – testing some concepts, reflecting, and redirecting. This “messy middle” of the first year of service can resemble a Plan-Do-Study-Act (PDSA) cycle. The activated areas articulated below should not be addressed sequentially. Instead, approach these like parallel lanes in a highway. The move from assessment to action may be triggered by your completion of the assessment phase or externally, by a cyclical force such as the budget cycle or legislative session.

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*“There is a lot of day-to-day ‘noise’ that will keep you from doing what you want and need to do. A new Director has to find ways to keep that ‘noise’ quiet to get the job done.”*

~ Charissa Fotinos, MD, MSc,  
Washington

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#### **Personal Leadership**

*Goal:* Articulate your passion and where you seek to make impact.

The assessment phase will have illuminated where your strengths and passions can enable you to make progress and have influence. Having laid down tracks for communications, now is the time to activate delegation and gatekeeping to

prioritize your time effectively. (Remember that question, *What can only the Medicaid Director do?*)

*Actions:*

- Establish norms with your executive assistant so they have power and confidence to prioritize your calendar, adjudicate which meetings are most critical, and protect time dedicated to your most elevated work.
- The work requires that you exercise brain elasticity so that you can effectively transition between highly detailed work and wide, strategic topics. Articulate to your senior team what preparation you require and how you want to be briefed by subject matter experts.



## PHASE 2

### Correct and Learn



#### Organizational Culture & Staff

*Goal:* Articulate priorities around workforce capacity and development. Maximizing the potential, productivity, and satisfaction of your team requires experimentation. With Human Resources expertise, understand the boundaries and flexibilities to agency hiring and where firm decisions have been laid down regarding hybrid and telework. Findings from an internal assessment can point to team members' strengths and areas where the team/agency may be lacking.

*Actions:*

- Convene staff charged with staff development and training, and those who either formally or informally serve as culture champions or "owners." Understand where plans are already in place to address vacancies, weaknesses, and capitalize on strengths. Find an effective "elevation" to maintain progress and accountability while staying out of the weeds.
- Understand what agency staff are unhappy with and work to diffuse internal struggles. Leverage the grace often conferred to a new leader to break from prior dysfunctions.
- Focus on the support and development of the middle management structure. These staff are often promoted to become managers because of their technical knowledge and usually do not have formal management training or support for providing strong management for their teams.

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*"When my team members at sister agencies say, 'They don't know about Medicaid' it simply means that we have not done our job in teaching. Building good relationships with agencies and other partners is easier without judgement or assigning their intent."*

~ Traylor Rains, Oklahoma



#### Program Performance & Operations

*Goal:* Using data from the assessment phase and a review of the agency formal or informal strategic plan, lay out areas of high influence to make progress in. It is critical to be realistic about your areas of expertise, impact, and authority on the priority issues, as well as the political and health care landscape. Leverage the agency professionals who know their role, have mastered the complexities of Medicaid, and steward productive relationships. They can help elevate and advance priority areas for you and the agency.

*Actions:*

- With your functional area leaders and deputies, review trouble spots where the focus of the Director can make an impact. For example, is there a strained relationship with a vendor where Director attention and engagement would be beneficial? Or is there a functional area that is facing a major project or experiencing significant challenges where attention and engagement from the Director can bring benefit?
- Bring together members of different teams (i.e. operations, finance, and policy) to create intra-agency lines of communication and collaboration. Request that matrixed work teams define goals and make sure to articulate your expectations of them from the onset.



## PHASE 2

### Correct and Learn



#### Leaders Above & Across

*Goal:* Activate a plan to steward peer and leader relationships across state government. By now you have mastered the organization structure, characterized inter-agency relationships, and received input from your executive team. Together these inputs will inform how you prioritize and shape relationships. Focus on where you have allies and opportunities for relationship improvement.

##### Actions:

- Establish a regular meeting with sister agency leads to discuss what's new, what's emerging, any pain points, and how to leverage resources. Make a regular investment in relationship-building rather than only engaging with your partners in times of crisis or budget cycles.
- Build fluency and expectations with agencies with whom you work most closely. Establish clearly defined roles and responsibilities, codified in an MOU, when money is shared across agencies.
- Help facilitate inter-agency connections that are rooted below the Director level. Coach your staff to identify who are content and programmatic experts in the state, prioritizing areas of mutual interest to beneficiaries.

*“It’s easy to get mired in the program complexity. A leader of people supports the team and helps them navigate forward. It’s your most critical role and can only be done by you.”*

*~ Jami Snyder, Arizona*



#### External Stakeholders

*Goal:* Execute a hierarchy by which you and your deputies will steward external relationships. Your early assessment determined which relations need to be monitored or air traffic controlled by the Medicaid Director. Your time should be strategically deployed to protect your team’s time, ameliorate future disruptions, and shore-up areas of need or weakness. Be mindful that relationships are dynamic – the hierarchy of needs set during your onset as Director reflects this time and situation, but may not characterize the stakeholder relationship over the long-term.

##### Actions:

- If your state has Medicaid Managed Care, it is important to take a pulse of the landscape. The Director should, at minimum, maintain an elevated understanding, relying on expert deputies to raise both concerns and opportunities.
- Recognize that managing good relationships is often done at the staff level. Determine where, as Director, you are an emissary versus where you hold the relationship. The goal is to anchor the shared goals and understanding with the agency rather than hinge on individual relationships, which are vulnerable during staff turnover.



## PHASE 2

### *Correct and Learn*



### **Legislative & Political Environment**

*Goal:* Articulate priorities and actions that are explicitly tied to when the legislature is in session and out of session. Understand that the legislative cycle is “gravity” which cannot be changed; however, workflows that surround it can be made more effective.

Having already established how the policy team will brief you, expect that their expertise in process and players will help set your direction.

*Actions:*

- Process, process, process. Even if the policy team moves like a well-oiled clock, as a new Director you require insight to each phase of the legislative cycle. Conduct comprehensive post-mortems to understand what worked and what didn't. Evaluate systems in place to track bills and execution.
- Tailor your process surrounding CMCS rules and communication. Consider if you have enough in-house capacity or need external support to conduct policy and regulatory analysis. NAMD conducts regular policy analysis, convenes federal-state discussions, and solicits comments from its members. Leverage NAMD where possible.
- When out of session, prioritize rebuilding relations and establishing trust in committees of jurisdiction and with lawmakers.
- Support continuous education and re-education of lawmakers and their staff. Solidify your agency's role as a trusted, bi-partisan source of state and national Medicaid expertise. This can involve briefings, one-pagers, and general relationship building.

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*“As soon as we begin to understand our partners’ systems, we can weave in our own solutions that we can fashion together as we go.”*

~ Catherine Ivy, Georgia



### **Health Care Landscape**

*Goal:* Enhance your position as Medicaid expert, in context of the state health care landscape. Continue to learn about areas you are less well versed in, in order to make connections and improve Medicaid programming and financial stewardship. Identify areas external to state government where Medicaid leadership and expertise is warranted -- determine if you fill that role or it is deputized.

*Actions:*

- Execute a plan of delegation where deputies can represent Medicaid expertise in related health care forums, professional groups, and briefings. Coach your deputies on what engagements are of high value to Medicaid to bring intelligence into the agency and position the agency among health care peers.
- Identify an existing setting or venue that stimulates your thinking beyond the known expertise of the agency, state government, and vendors. Engage with parts of the health care continuum where insight is narrow.



## PHASE 2

### *Correct and Learn*



1. You do not need to be an expert in all the areas laid out in this Roadmap. However, you cannot afford to be blindsided. Ask yourself where you are not an expert and where you plan to tap trusted expertise.

### *Reflect*



2. Get comfortable not knowing everything. Are you confident you are asking the right questions? Are you running things both up and down the chain? This too takes work.



3. The hallmark of this phase should be moving from assessing and surveillance to action. Are you finding some traction to make and test changes? Do you sense where these decisions may lead you?

### *Special Considerations by Type of Leader*

- The **Interim Medicaid Director** can effectively frame this phase as transition support. Your temporary status limits how much you can drive priorities and emphasizes how to improve day-to-day function of teams and programs to support the confirmed Director.
- The Medicaid Director **promoted from within** state agency will transition out of assessment phase the quickest. Take stock of and maximize your existing assets. For example, Medicaid knowledge, established relationships, and professional reputation in state government.
- The Medicaid Director **recruited externally** and new to public sector leadership will rely on experts in the agency to help elevate the priorities of the leader and build a path to action. This collaboration will be a hallmark of your transition from assessment to action. Be aware that an external recruit can be perceived as a “short-timer.” Such perceptions can decelerate organizational change and trust building.



# PHASE 3

## Reflect and Redirect



### Introduction

When you were first acclimating to the role of Medicaid Director you conducted a comprehensive assessment of the agency, operations, programs, relationships, and external factors of influence. In the remainder of your first year of service, you used that assessment to articulate priorities, test concepts, and redirect the team’s work to best strengthen the agency. The one-year milestone presents an ideal time to reflect on performance and trajectory using the same areas laid out in this Roadmap. Now is the time to look forward in your service and begin thinking about what you will leave behind as the legacy of your tenure.



#### Personal Leadership

**Goal:** Map out longer-term professional and leadership goals. As noted in this guide, in the first year a Director is challenged to step out of day-to-day demands in order to assess the environment and lead with vision. The challenge of leading at multiple elevations impacts personal leadership as much as it does programming

and operations. As Directors transition to their second year of service, it is a chance to again re-focus on your unique skills, expertise, and experience to find ways to maximize your contribution to the program and agency.

#### Actions:

- Structure time for deep reflection and goal setting, create an inventory answering questions such as: What have I learned? What am I passionate about? What have I discovered through first year setbacks? Where do I want to improve and grow as a leader? If it is difficult to conduct this review, accounting and goalsetting alone, reach out to a peer, coach, or mentor.
- Seek feedback through an existing agency performance mechanism or one you conduct yourself. Both formal and informal feedback is useful. Complement individual feedback with team response about where leadership and decision-making helps or hinders the team in reaching performance goals. If your agency uses a 360 review structure, understand how to interpret the results.

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*“Setting strategic vision takes time. Don’t be afraid to start that work in the early days so you have some strategic sense as you set out priorities. You’ll turn to the vision, mission and priorities that will ground your direction forward.”*

*~ Allison Taylor, Indiana*

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## PHASE 3

### *Reflect and Redirect*



#### **Organizational Culture & Staff**

*Goal:* Develop a strategy for how institutional structures will enhance organizational and workforce success. In the past year, you've assessed the culture, capacity, and well-being of agency workforce and piloted improvements to address areas of high concern, high value, and most impact. Now, transition your focus to systems and organizational change that take more time, are complex, and require buy-in and investment. Look ahead at your next several years at the state and ask yourself what sort of structures for advancement, investment, and development you can put into place to continue to grow your staff's strengths and capacities from within.

*Actions:*

- Align senior leaders around larger “plays” for organizational improvement. Understand senior leaders’ and middle managers’ direct and indirect areas of influence with the larger agency staff. If external factors are driving agency change, clarify the boundaries of your control.
- Work to address the unique challenge of building and retaining a public sector workforce. Convene agency and division human resource partners to build long term plans for pending retirements and knowledge transfer, recruitment and retention of new staff, and ongoing diversity, equity and inclusion and workforce development efforts.



#### **Program Performance & Operations**

*Goal:* Articulate a vision for how the program could better serve beneficiaries and maximize Medicaid program levers. After an early assessment phase, you leveraged senior leaders with deep knowledge of the program and operations to point you towards immediate areas of concern. That same brain trust will be an engine to fuel how core programmatic functions are delivered better and point to areas for innovation. This could be the area where your leadership mark is made with lasting impacts in operations, clinical care, quality, waiver concepts, or beneficiary engagement and equity.

*Actions:*

- Distinguish and then prioritize and resource efforts focused on program innovation and internal operational improvement.
- Practice strategic agility. Be on the lookout for where external factors force your thinking and plans to change course, accelerate or pause. Building contingency planning into any large systems change will make the inevitable “curve ball” less disruptive.





## PHASE 3

### *Reflect and Redirect*



#### **Leaders Above & Across**

*Goal:* Capitalize on relationships to advance cross-system goals and inter-agency collaboration. Challenge yourself to establish indelible lines of communication and collaboration across agencies that will outlast your tenure as Director.

*Actions:*

- Schedule a one-year performance meeting with the secretary. Use the opportunity to articulate your longer-term vision and goals for the agency; request feedback and discuss what types of support and resources could enable success. Take the time to align expectations.
- With established relationships and a regularly scheduled cadence of meeting sister agency heads, home in on shared goals for shared populations. Identify areas for program improvement or shared outcomes, addressing thorny barriers, such as data sharing.



#### **External Stakeholders**

*Goal:* Create a pathway to cultivate stakeholder relationships that will best meet evolving and future needs of Medicaid. Allow the importance of authentic stakeholder engagement in the creation and administration of Medicaid programs to drive relationship management. Account for how increasingly intersectional drivers of health will merit new and evolving stakeholder partnerships.

*Actions:*

- Conduct a listening tour. By now you have met with a range of prioritized stakeholders – managed care partners, vendors, providers and advocacy groups. A listening tour across the state will add depth to your understanding, build trust and expand access. Prioritize engaging traditionally marginalized stakeholder voices. Include a process for follow up in the listening tour plan.
- Medicaid Advisory Committees are a federal requirement which allow states flexibility in how they are constituted and administered. Request an analysis of your state Medicaid Advisory Committee, and other formal advisory committees, function and impact in order to identify areas of strengths and improvement.



# PHASE 3

## Reflect and Redirect



### Legislative & Political Environment

*Goal:* Build awareness, relationships, and trust to move Medicaid legislative priorities forward. By now you have an appreciation of how much time legislative work takes and recognize that managing relationships with elected officials is often the exclusive domain of the Medicaid Director. By this point, you have experienced a complete legislative cycle and can conduct postmortems to help inform the next cycle.

*Actions:*

- In states with term limits, there is ongoing work to build relationships with new legislators and with those that have been promoted to critical committee leadership roles. Continue the out of session engagement with legislators by visiting them in their home community.
- Likely your first year has been dominated by the state legislative cycle, with less attention to your Congressional delegation. Work with policy staff in the agency/division to identify appropriate awareness-building opportunities while your delegation is home for recess – this could be an office visit, briefing, or more involved “field trip” to see Medicaid at work, supporting residents.



### Health Care Landscape

*Goal:* Set your sights on becoming a systems-level thinker. Aim to be not just a consumer of the health care landscape but a producer in it. As the largest health insurer and steward of a significant part of a state budget, Medicaid is an important part of the health care landscape. Medicaid is arcane and often misunderstood; you and your agency are the experts needed to advance state policy and national dialogue. More broadly, internalize the notion that a part of your leadership is to build confidence in the public sector.

Cheerlead what government can do and specifically what this agency can do.

*Actions:*

- Ask your communications team to prioritize where the Director can lend visibility and credibility to agency external relations. Secure media training or social media coaching to professionally deliver on communications campaigns.
- Identify a national working group or technical advisory committee that you would like to be a part of and work with NAMD to support your nomination.

*“We think of leaders as having strategic vision and having a clear sense of how to get from where you are to where you want to go. Often, leadership means going with the flow, dealing with what emerges, and not letting a crisis go to waste.”*

*~ Mark Larson, Vermont*



# PHASE 3

## Reflect and Redirect



### Reflect



1. What is the trigger for you to step out of “new” toward “established” Medicaid Director? Is it the clock – that you have experienced critical cycles in budgeting, legislative or election? Or is there an internal factor (i.e., a new authority) that forces a leadership transition?
2. How have you contained the day-to-day demands of leadership so that you can elevate your thinking to systems-level change?
3. Do you have ideas for the legacy you’d like to leave? What and how long will it take to realize the programmatic and operational changes you envision?

### *Special Considerations by Type of Leader*

- A long-term **Interim Medicaid Director** functions at a different level than their short-term counterparts. Rather than thinking “place holder,” laser focus on the few high-value priorities that are critical for the agency to navigate a smooth transition. Perhaps this is hyper focusing on maintenance functions over new programming. Or perhaps this is driving position approvals to be filled by the new Director. Your choices may be limited, but you can still drive towards the agency’s strength and sustainability.
- The Medicaid Director **promoted from within** state services has, in comparison to an external recruit, the potential to shorten some part of their first year on-ramp. By now you’ve experienced where your relevant background is an accelerant, where you have leadership gaps, and where agency team strengths fill those gaps. Those early experiences can inform your strategic priorities moving forward.
- A Medicaid Director **recruited externally** was likely brought in to be an agent of change. The early phases of assessment, diagnosis, and piloting have provided some insight to where larger-scale change is needed. Apply the “bicycle theory” that you cannot direct a bike at a standstill – use existing momentum to course correct.