

# Exploring the Pathways to Medicaid Leadership

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## ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit [www.chcs.org](http://www.chcs.org).

## Introduction

**M**edicaid is the nation's public health insurance program for children, adults, and seniors living in poverty, as well as individuals with disabilities. More than 80 million individuals are enrolled, including many in Black, Latino and other racially and ethnically diverse communities.<sup>1</sup> The program accounts for a substantial proportion of federal and state health care expenditures, totaling over \$600 billion in 2020.<sup>2,3</sup> At the helm of Medicaid agencies, leaders are responsible for supporting the health needs of millions of individuals while balancing federal and state/territory priorities around fiscal stewardship, quality assurance, and program integrity and navigating relationships with a complex array of stakeholders.

Despite the significant role of Medicaid leaders in making decisions that impact the health and well-being of millions of people, states and territories often struggle to recruit and retain senior leaders with the experience necessary to administer the program with an appropriate mix of operational stability and programmatic innovation. This is amplified by the typically short tenure of Medicaid directors, which averages 21 months.<sup>4</sup> Additionally, Medicaid programs serve diverse populations, yet this diversity may not be reflected in Medicaid leadership.

With support from the Robert Wood Johnson Foundation, this report seeks to support Medicaid agencies in better understanding the pathways to Medicaid leadership positions, as well as opportunities to strengthen recruitment, advancement, and sustainability. Drawing from the perspectives of Medicaid leaders across the nation, it explores three key questions:

- 1. What are the current pathways to Medicaid leadership positions?**
- 2. How can Medicaid agencies support more diversity in the pipeline\* of future Medicaid leaders?**<sup>5</sup>
- 3. What are the skills and competencies that Medicaid leaders need to succeed in their roles?**

This report summarizes the common pathways to Medicaid leadership positions, examines the challenges and opportunities for developing a more robust and diverse

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\* Pipeline is a term often used to describe a process or system of identifying candidates for succession in leadership positions; how formalized this system is can vary.

pool of future Medicaid leaders, and outlines the skills and competencies that current Medicaid leaders identified as necessary to succeed in these roles. It highlights important opportunities to guide Medicaid agencies seeking to identify, develop, and diversify their future leaders.

To inform this report, the Center for Health Care Strategies (CHCS) analyzed publicly available literature (see [Appendix](#)) and conducted interviews with 16 Medicaid leaders (Medicaid directors, deputy directors, and senior managers) across the country, representing a range of Medicaid programs, geographic regions, and political environments. Interviewees included Medicaid leaders of multiple races and ethnicities, as well as men and women leaders. Some interviewees also had personal or lived experience with Medicaid. Additionally, CHCS sent a survey to all 56 Medicaid directors with an invitation to share the survey with their senior leaders. Sixty individuals completed the survey; the 40 percent of respondents who opted to identify their Medicaid agency represented 12 states and one territory.

The interview and survey questions focused on three topics:

- 1. Recruitment for Medicaid leadership positions;**
- 2. Common expectations and requirements to advance into Medicaid leadership positions, as well as what is needed to ensure the success of Medicaid leaders;**  
and
- 3. Experiences and lessons learned from their organization.**

This report highlights insights from the interviews and survey results, presenting important leadership development considerations for Medicaid agencies and the broader field of Medicaid.

## Medicaid Leadership Recruitment

**M**edicaid agencies and job applicants have a range of experiences and challenges related to staffing senior and director level positions. This section highlights: (1) common sources of recruitment; (2) key themes related to the skills and experiences that are prioritized during recruitment; and (3) shared recruitment challenges and opportunities across Medicaid agencies.

Nearly two-thirds (65%) of survey respondents identified that they came into their Medicaid leadership position from within their Medicaid agency. The second most common pathway into Medicaid leadership positions was from other public sector agencies (e.g., federal, county, or other state agencies). Of those who entered leadership roles from outside of a Medicaid agency, such as externally from the public sector, nonprofit or community-based organization, or private sector, over 50 percent did not have prior Medicaid experience. This matches findings from the National Association of Medicaid Directors' annual operations survey, which specifically looks at Medicaid directors' prior positions.<sup>7</sup>

### Survey Methods

**Sample:** An electronic survey was sent to all 56 Medicaid directors with a note encouraging them to share the survey with senior leaders within their agency.

**Questionnaire:** The survey included 27 questions and was designed to be completed ≤30 minutes. It included questions focused on Medicaid leadership recruitment, diversity, and the leadership skills and competencies that support success in Medicaid leadership positions.

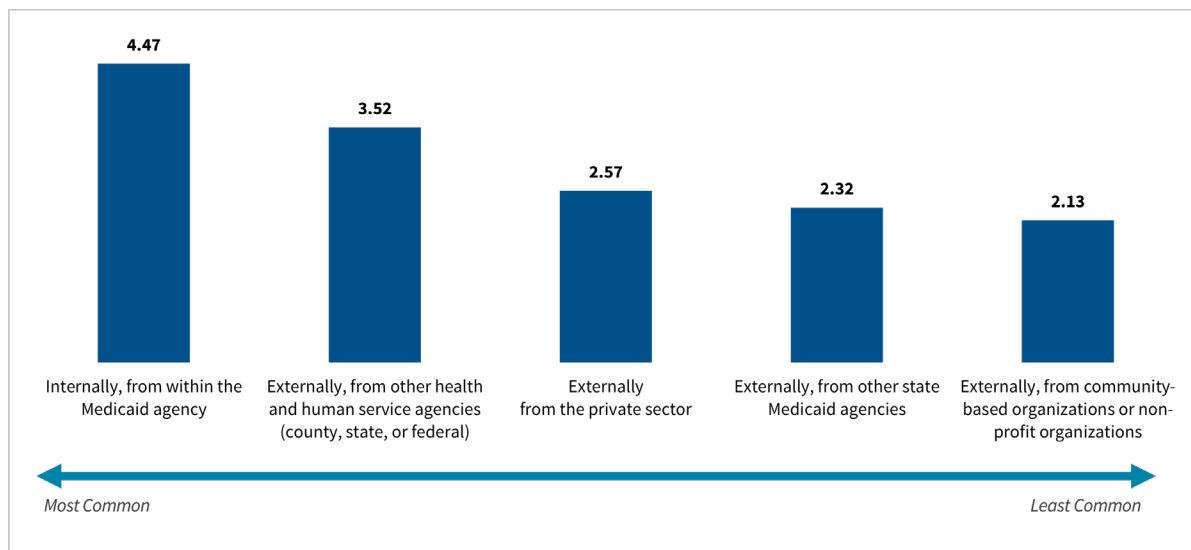
**Results:** Multiple-choice questions were calculated to determine the percentage of respondents that selected a particular answer. Ranking questions calculated the average ranking for each answer choice to determine which one was most preferred overall. The answer choice with the largest average ranking is the most preferred choice.<sup>6</sup> Ranking questions were also reviewed to determine the percentage of respondents that selected a specific answer choice. Open-ended questions were reviewed to determine any common themes.

## Common Sources of Recruitment

While there is a range of pathways into Medicaid leadership positions, recruitment from within the Medicaid agency is the most common pathway (Exhibit 1). Familiarity with the Medicaid system and operations is highly valued and internal candidates have already demonstrated a strong technical skill set and propensity for Medicaid leadership.

In addition to internal candidates, Medicaid leaders are also recruited from other health and human service agencies, such as other state, county, or federal agencies. Although joining a Medicaid agency from the private sector is not as common, some Medicaid leaders cited that candidates with experience working in the private sector, particularly in a health plan, bring a valuable external perspective to complement the expertise of leaders from within Medicaid.

**Exhibit 1. Recruitment Sources for Medicaid Leaders (n=60)\***



\*Weighted score from most to least common. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (from within the Medicaid agency) is the most preferred choice. See appendix for full data.

## Skills and Experiences

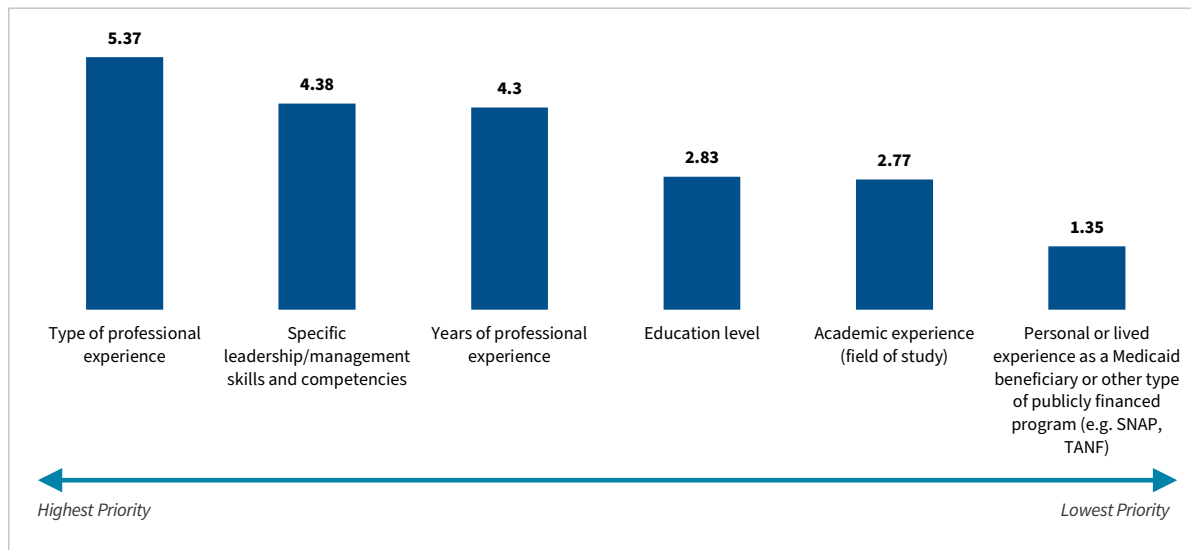
When recruiting for Medicaid leadership positions, types of professional experience, as well as specific leadership competencies and management skills are considered the most desirable qualities and experiences compared to education, academic, or lived experience (Exhibit 2). Interviewees reinforced this theme, and many noted that

professional experiences, including Medicaid financing, contract oversight, and personnel management are highly valued. Additionally, individuals who started their career in a Medicaid agency, left for another opportunity (e.g., health plan, provider association, etc.), and returned to a Medicaid leadership position bring a unique and coveted perspective.

Personal or lived experience as a Medicaid beneficiary or another publicly financed program, such as Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), was the least prioritized quality and/or experience. Although ranked lower, many Medicaid leaders separately agreed that personal experience as a beneficiary or family member of a beneficiary is an asset to the organization by increasing understanding and empathy for the enrollee perspective.

A demonstrated commitment to the mission of the agency and serving the Medicaid population also carries weight during recruitment. Empathy, passion for serving the Medicaid population, and connecting policy decisions to the impact on enrollees were all noted as important qualities that contribute to a successful Medicaid leader.

**Exhibit 2. Qualities/Experiences Evaluated During Recruitment and Considered Important to Success in Medicaid Leadership (n=60)\***



\*Weighted score from most to least common. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (type of professional experience) is the most preferred choice. See appendix for full data.

## Recruitment Challenges and Opportunities

The challenges associated with Medicaid leadership recruitment have been anecdotally shared in Medicaid professional circles for years. Most survey respondents (82%) stated that Medicaid agencies have a limited pool of qualified applicants for leadership positions. Interviewees also highlighted this as a substantial challenge.

Based on the survey results, the most significant barrier to expanding the pool of qualified applicants is salary and/or the benefit package, which is viewed as uncompetitive, particularly compared to the private sector. For example, the average salary for a Medicaid director is \$145,000, which is significantly less than equivalent positions at commercial health plans.<sup>8,9,10</sup> One analysis compared Medicaid director and managed care organization (MCO) executive salaries and found that MCO executives' total compensation (salary and supplemental benefits) in 2015 ranged from \$110,740 to \$1,904,431, with an average of \$314,278 and a median of \$270,713.<sup>11</sup>

Survey respondents also identified additional barriers, including: (1) applicants do not have relevant technical skills or subject matter expertise; (2) navigating the political landscape and bureaucracy can be challenging; and (3) state human resources criteria and systems, which can be inflexible. Interviewees noted that there is often a misalignment between job descriptions and actual job responsibilities, which may cause candidates to exclude themselves from applying because they believe they do not meet the qualifications. Further, it can be challenging to modify job descriptions depending on state processes. Medicaid leaders may not have the formal authority to intervene in state human resource hiring processes, including modifying job descriptions that may be outdated or ineffective.

Less commonly cited, but still noteworthy, Medicaid agencies with offices in rural settings tend to have a more difficult time recruiting than more urban locations.

Although there are critical barriers to expanding the pool of candidates for Medicaid leadership positions, there are important opportunities to improve the recruitment process. Many Medicaid leaders have a clear idea about what strategies could support a wider pool of candidates during the active recruitment process. Seventy-three percent of survey respondents (Exhibit 3) stressed the importance of identifying and encouraging individuals within the organization who might be a good fit for positions in leadership to apply. In addition, working with human resources to modify job



descriptions and using “word-of-mouth” to share information about the job posting with relevant state government stakeholders (e.g., staff in other agencies or departments) might also be ways to support a wider pool of candidates.

Less commonly cited strategies include establishing an external review committee to help recruit and evaluate candidates and/or hiring recruiters. States that have used an external review committee found this approach valuable for identifying more diverse and qualified candidates. Medicaid leaders noted mixed experiences with external recruitment firms, but some interviewees reported that they can be especially helpful for accurately describing job roles and responsibilities.

**Exhibit 3. Recruitment Strategies to Support a Wider Pool of Candidates** (n=56)

RESPONSES	
Identifying and encouraging individuals within the organization who might be a good fit for positions in senior leadership to apply	73%
Using “word of mouth” to share information about the job posting with relevant state government stakeholders (e.g., staff in other agencies or departments)	52%
Working with HR to change job descriptions with the goal of improving alignment between actual job responsibilities and job description	46%
Using “word of mouth” to share information about the job posting with community-based organizations and external Medicaid partners	45%
Leveraging social media or non-traditional sources of promotion to promote the job posting	43%
Working with HR and other senior leaders to edit job requirements (e.g., years of experience, education, etc.)	41%
Hiring an external recruiter	41%
Establishing an external review committee to help recruit and evaluate candidates	30%
Other	16%

## Diversity in Medicaid Leadership

**R**epresentation of diverse perspectives and experiences in leadership positions is important. Notably, agencies with a diverse workforce are better equipped to implement community-centered approaches, create systems to support unique needs, and propose diverse and effective solutions to address health disparities.<sup>12,13</sup> Furthermore, Medicaid provides health coverage to a diverse population with respect to race and ethnicity, age, gender and sexual identities, and abilities. There is limited information available, however, about whether Medicaid leaders reflect the populations served by Medicaid programs and where opportunities exist to support more diversity in Medicaid leadership, particularly among rising leaders.

Diversity is an important consideration when developing strategies to build the pipeline of future Medicaid leaders, but diversity is not the same as equity and inclusion. Equity and inclusion are two critical factors that will impact the pipeline of future Medicaid leaders, and there is parallel and growing focus on diversity, equity, and inclusion across the broader U.S. health care system. This analysis focused specifically on diverse representation among Medicaid leaders. Equity and inclusion strategies are a priority for future investigation.

For this analysis, diversity was defined broadly, and questions included a focus on race, ethnicity, individuals with disabilities, gender identity, sexual orientation, age, and academic experience. Additionally, diversity in the context of this report can also refer to an individual who has personal experience with Medicaid or another public assistance program, like SNAP or TANF, recognizing that lived experience can provide valuable perspectives. Nearly three-quarters of survey respondents reported that leaders in their organization do not reflect

### Key Definitions Used in this Report

**Diversity:** Refers to characteristics and experiences such as race, ethnicity, individuals with disabilities, gender identity, sexual orientation, and age. Academic experience was also considered. Additionally, diversity in the context of this report can also refer to an individual who has personal experience with Medicaid or another public assistance program like SNAP or TANF, recognizing that lived experience can provide valuable perspectives.

**Equity:** The effort to provide different levels of support based on an individual's or group's needs to achieve fairness in outcomes. Working to achieve equity acknowledges unequal starting places and the need to correct the imbalance.<sup>14</sup>

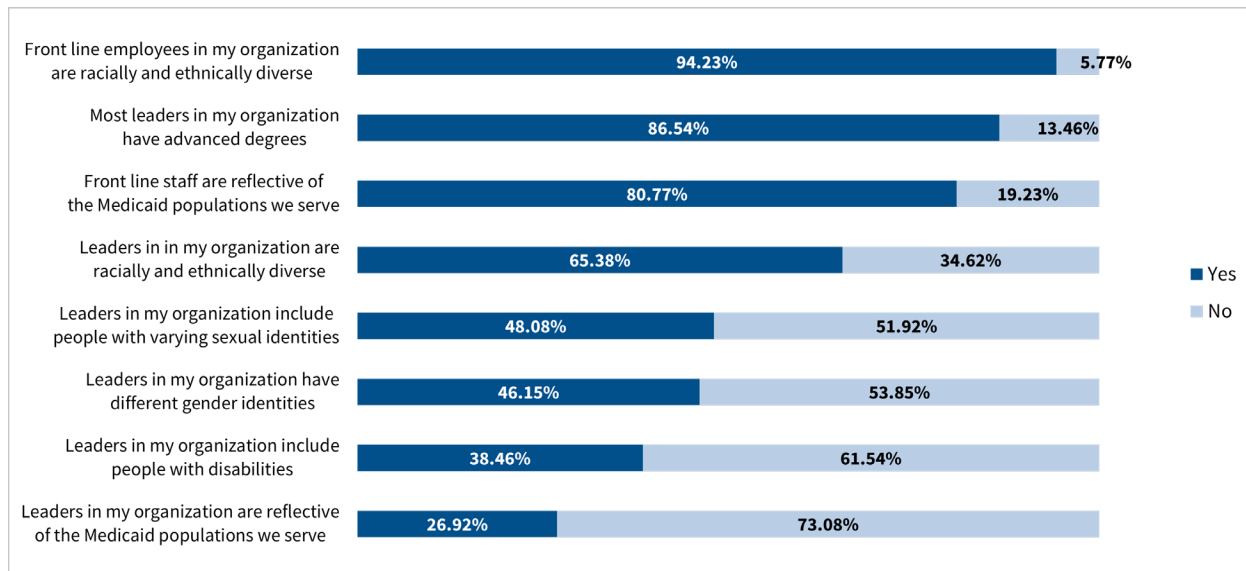
**Inclusion:** When each person, regardless of background/identity, is valued, integrated, and welcomed equitably as decision-makers and collaborators — an opportunity for belonging.<sup>15</sup>

the populations their program serves (Exhibit 4). In contrast, 80 percent indicated that their agency’s frontline staff (i.e., staff who work directly with consumers) reflect the populations served. This underscores the importance of understanding how best to support diverse, internal staff in rising into leadership positions, particularly given that most Medicaid leaders are recruited from within the agency.

Approximately two-thirds of survey respondents reported that leaders in their organization are racially and ethnically diverse, and 95 percent said frontline staff are racially and ethnically diverse. Interviewees noted that they perceive the racial makeup of Medicaid leaders as largely white, but there is more racial diversity among Medicaid leaders when the agency offices are in a city with significant racial and ethnic diversity.

The survey also asked about additional demographic characteristics. Important findings include: there are few individuals with disabilities in Medicaid leadership; 46 percent noted that there is diversity with respect to gender identity, and 48 percent noted that there is diversity with respect to sexual identity. Interviewees noted that Medicaid leaders are predominantly women, with more than 80 percent of survey respondents indicating that 60 percent or more of deputy/executive team level staffers are women.

**Exhibit 4. Diversity in Medicaid Agencies (n=52)**



Also of note, the majority of Medicaid leaders were reported to be over age 40. This reflects the value of experience. In addition, most leaders have advanced degrees.

Lived or personal experience with Medicaid or another public assistance program is uncommon for leaders in Medicaid agencies. Nearly 60 percent of survey respondents were not aware of a Medicaid leader with lived or personal experience, and those who were aware of a leader with lived experience said it was rare. This was a common theme in the interviews as well. Three important nuances also emerged through the interviews: (1) based on their personal experience or observations, interviewees noted that although some individuals may have lived or personal experience with Medicaid they would not consider this to be unique or an identifying attribute to note to others; (2) there is no way to know if someone has lived Medicaid experience unless they share that information broadly, and the likelihood of sharing this information depends on the individual and the agency’s culture; and (3) the term “lived experience leader” itself, which was a term used in the interview questions, did not resonate with some interviewees.

## Understanding the Challenges and Opportunities to Build Diversity in Medicaid Leadership

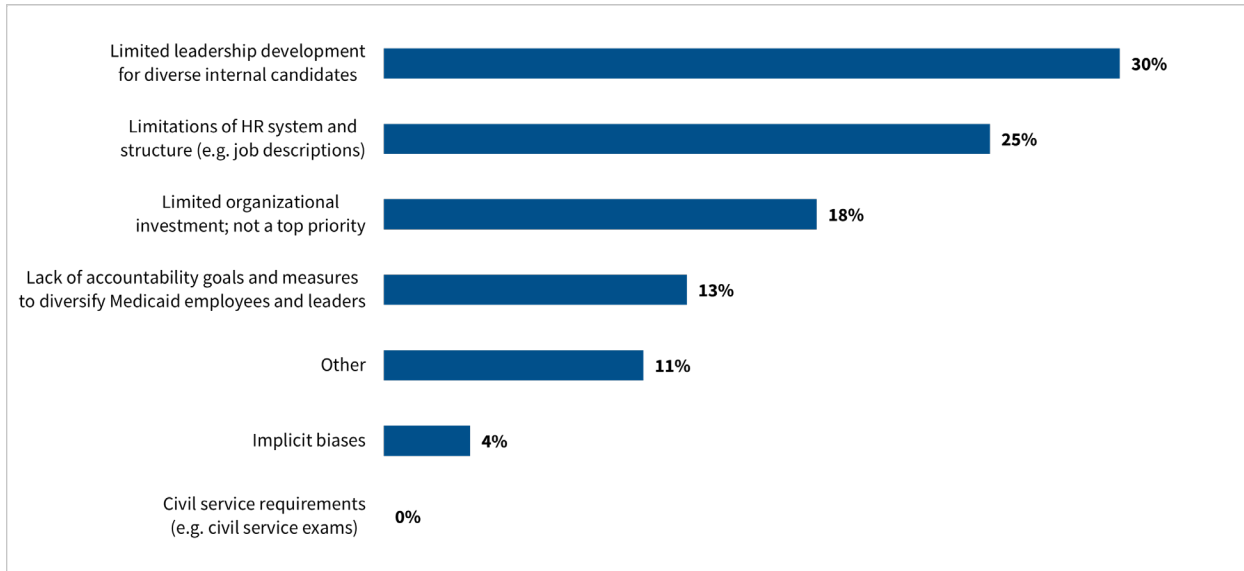
As one interviewee noted, the U.S. health care system overall lacks diversity, particularly in senior management levels, which contributes to the homogenous leadership in Medicaid.<sup>16,17</sup> There are interconnected systems and root causes that contribute to a lack of diversity in leadership that extend beyond a Medicaid agency’s sphere of influence. If a Medicaid agency aspires to foster more diversity among its senior leadership, it is critical to understand the barriers to fostering and supporting diversity — both in terms of demographic characteristics and experiences — and where these barriers originate (e.g., institutional or systemic racism, implicit bias, technical/bureaucratic processes, human resource policies, etc.).

The survey and interviews identified several key issues that can impact a Medicaid agency’s ability to foster diversity in senior leadership positions (Exhibit 5). The primary barriers to diversifying the experiences of people within the Medicaid leadership pipeline include limited leadership development for diverse internal candidates (30%) and limitations of the human resource systems and structures (e.g., barriers to modifying job descriptions) (25%).

Limited organizational investment in diversifying the leadership pipeline was identified by 18 percent of respondents. The interviews generally acknowledged that addressing

gaps in diversity can be a politically sensitive topic, which can be an additional barrier in prioritizing diversity strategies. Additionally, many interviewees noted that there is generally a limited qualified applicant pool for leadership positions overall, which may hinder diversity efforts if programs feel pressure to fill positions with any available, qualified candidate.

**Exhibit 5. Primary Barriers to Diversifying the Medicaid Leadership Pipeline** (n=56)



Among the strategies that could support a more diverse pool of candidates during the recruitment process, leveraging known, diverse networks rose to the top of the survey options selected (77%). This strategy, however, is only as effective as the diversity of professional networks and may be less effective if current leadership and their professional networks are already homogenous in identity and experience.

**Exhibit 6. Recruitment Strategies to Support a More Diverse Pool of Candidates** (n=56)

RESPONSES	
Leveraging known, diverse professional networks to identify candidates	<b>77%</b>
Identifying and encouraging individuals within the organization who might be a good fit for positions in senior leadership to apply	<b>59%</b>
Leveraging social media or non-traditional sources of promotion to promote the job posting	<b>48%</b>
Hiring an external recruiter	<b>39%</b>
Working with HR and other senior leaders to edit job requirements (e.g., years of experience, education, etc.)	<b>38%</b>
Working with HR to change job descriptions with the goal of improving alignment between actual job responsibilities and job description	<b>32%</b>
Using “word of mouth” to share information about the job posting with relevant state government stakeholders (e.g., staff in other agencies or departments)	<b>32%</b>
Establishing an external review committee to help recruit and evaluate candidates	<b>30%</b>
Other	<b>9%</b>

*\* Response options were shortened for reporting.*

Other common strategies identified through the survey and interviews included identifying and encouraging internal candidates to apply (59%) and leveraging social media or non-traditional sources to promote open job postings (48%). Medicaid leaders are less likely to think that hiring an external review committee, using word of mouth, and working with human resources to change job descriptions would enhance candidate pools. This might be an indication that states are not widely using these methods for recruitment.

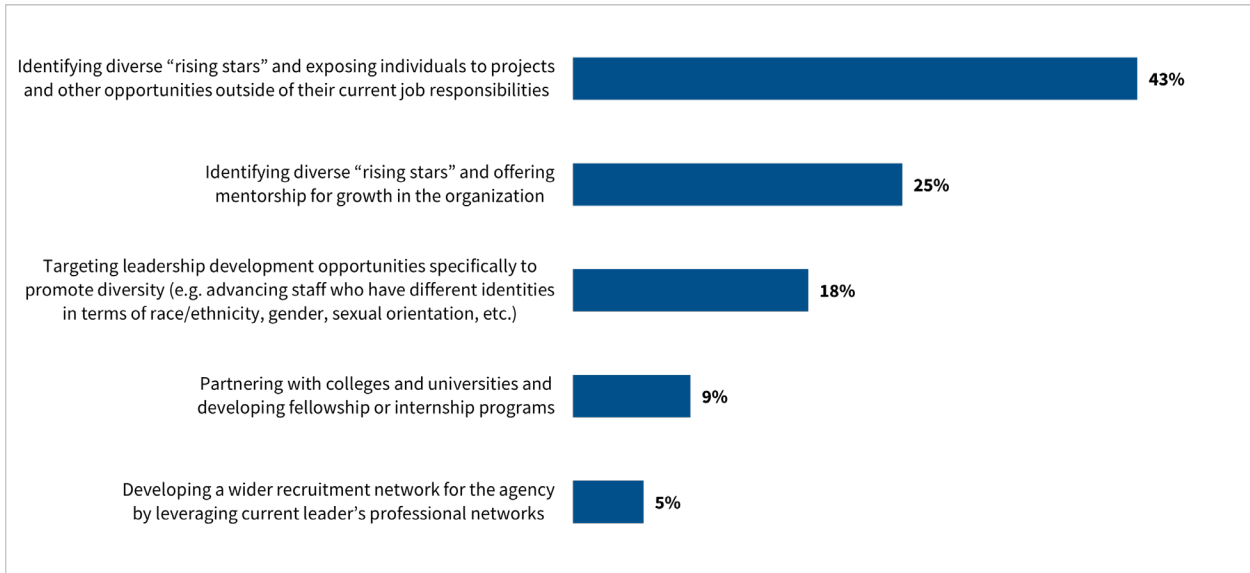
There are also additional opportunities to support more diversity in the Medicaid leadership pipeline that may be more salient for Medicaid agencies, because they are multi-pronged and do not solely hinge on the recruitment process. The top opportunity identified by more than 40 percent of survey respondents was the identification of diverse “rising stars” (i.e., individuals who demonstrate potential to rise into Medicaid leadership positions) and exposing them to projects and experiences outside of their current job responsibilities.

Similarly, a combined 43 percent of respondents suggested identifying diverse “rising stars” and connecting them to mentorship opportunities (25%) and implementing leadership development opportunities targeted to promoting diversity (18%) as key approaches to support diversity in Medicaid leadership. These top strategies connect with one of the key barriers noted above — limited internal leadership development. This suggests that the opportunity to expand the Medicaid leadership pipeline through

development and mentorship programs could also mitigate one of the primary barriers to diversifying Medicaid leadership (limited leadership development for diverse internal candidates).

Less common strategies identified by respondents included developing a wider recruitment network and partnering with colleges or universities to develop a fellowship or internship program.

**Exhibit 7. Opportunities to Diversify the Medicaid Leadership Pipeline** (n=56)



## Leadership Skills and Competencies Critical to Success

**M**edicaid directors and their teams are responsible for administering billions of state and federal dollars, setting and managing strategic direction to support the health of consumers, and navigating the complex web of state government and community relationships. Their actions impact the health and well-being of millions. Building a deeper understanding of the specific skills and competencies that senior Medicaid leaders need to be successful in their roles is important for identifying opportunities to bolster future leaders and support the longevity and impact of existing leaders.

Critical skills and competencies of effective rising Medicaid leaders that emerged through the interviews include the ability to:

- Work outside their functional siloes and maintain active relationships across the organization to contribute to larger agency goals;
- “Work at the right level” and balance technical knowledge, team/staff management, and visionary thinking;
- Navigate the Medicaid political environment and adapt and modify communications depending on the political audience; and
- Drive and deliver results, manage stakeholder relationships, and continually take on challenges beyond the normal scope of work.

Similar themes emerged through the survey. Many of the leadership skills and competencies listed in the survey choices were deemed ‘important’ to ‘very important,’ supporting the idea that Medicaid leadership requires mastery of a range of skills to effectively lead a complex organization (Exhibit 8). Additionally, many of the leadership skills and competencies identified as a priority align with existing research focused on public sector leadership and some Medicaid-specific reports and commentary.<sup>18,19,20,21,22</sup> This supports the importance of prioritizing investments in internal staff who can advance within the agency.

In comparison, the lower ranking for technical learning may indicate that these skills can be learned “on the job” and while helpful, may not be necessary for advancement of individuals into a new leadership position.



**Exhibit 8. Leadership Skills and Competencies Needed to Advance and Succeed in a Medicaid Leadership Role** (n=56)

WEIGHTED SCORE RANKING FROM MOST TO LEAST IMPORTANT			
Communicating effectively to internal and external audiences*	<b>4.71</b>	Articulating organizational perspective	<b>4.43</b>
Communicating vision internally and externally	<b>4.57</b>	Working collaboratively in teams	<b>4.43</b>
Managing change	<b>4.55</b>	Developing vision and purpose	<b>4.39</b>
Developing, directing, and delegating others	<b>4.54</b>	Politically savvy	<b>4.39</b>
Leadership and personnel management	<b>4.52</b>	Business acumen	<b>4.3</b>
Navigating relationships/engaging with diverse stakeholders	<b>4.52</b>	Strategic planning	<b>4.16</b>
Managing conflict and negotiating key issues	<b>4.52</b>	Measuring performance	<b>4.16</b>
Giving and receiving feedback	<b>4.48</b>	Working at the right level within the position	<b>4.14</b>
Self-Awareness	<b>4.48</b>	Technical learning	<b>4.11</b>
Leading innovation	<b>4.48</b>		

\* Response options were shortened for reporting.

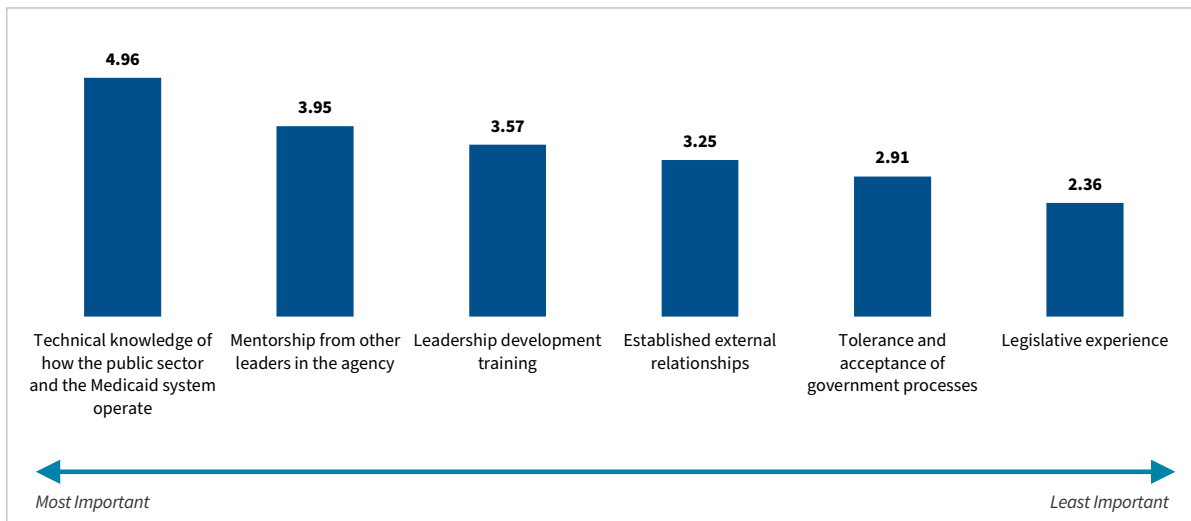
**Factors for Early Success and Longevity in Medicaid Leadership**

Medicaid leaders have an important role in their states and territories, but there is a high level of turnover, particularly at the Medicaid director level. There are external factors that influence this tenure — in particular, nearly 50 percent of Medicaid directors are politically appointed, serving at the pleasure of the Governor.<sup>23</sup> Similarly, some deputy-level positions are politically appointed. Depending on the agency structure and political environment, Medicaid leaders may have a very public and visible role. Although these are factors outside the direct influence of Medicaid agencies, there is value in understanding which leadership skills and competencies can provide a foundation for success and support longevity in Medicaid leadership positions.

Technical knowledge related to how the public sector and the Medicaid system operate is helpful for Medicaid leaders to succeed earlier in their leadership roles (Exhibit 9). This may indicate that technical knowledge could support earlier success, even if it is not a top skill required to advance into a leadership position. This result may explain why Medicaid leaders are more often recruited from within Medicaid agencies because internal knowledge of the Medicaid system is highly valued in leadership recruitment.

Additionally, respondents identified mentorship from other leaders within the organization as a support for earlier success in leadership positions.

**Exhibit 9. Leadership Skills and Competencies That Can Support Earlier Success in Medicaid Leadership Roles (n=56)\***



\*Weighted score from most to least important. The average ranking for each answer was calculated to determine which was most preferred overall. The choice with the largest average (technical knowledge of how the public sector and Medicaid system operate) is the most preferred choice. See appendix for full data.

Similarly, some interviewees noted that leaders with a strong connection to Medicaid’s mission were observed to have more longevity in senior positions and identifying opportunities for leaders to maximize leadership roles and advance strategic priorities can bolster long-term retention. Additionally, regular recognition of junior level staff’s accomplishments by senior leaders enables individuals to feel tethered to an organization and provides motivation toward advancement.

## Opportunities for Medicaid Agencies to Take Action

**M**edicaid is a key pillar of the nation’s safety net. Over the program’s 50-plus year history, the scope of populations and services covered have expanded. As the program has evolved, it is important to understand pathways to Medicaid leadership, what makes these individuals successful, and where there are opportunities to support a more robust and diverse pipeline of future leaders. Although some challenges to strengthening the pipeline are inextricably linked to broader dynamics in the public sector, this analysis highlights several opportunities within the control of Medicaid agencies to influence the pipeline of diverse and qualified candidates for senior leadership positions and support their early success. Medicaid agencies can take proactive measures to improve recruitment, retention, and onboarding of senior leaders.

This section outlines strategies that Medicaid agencies can undertake to improve the long-term pipeline organized within three key areas:

- 1. Reinforcing the internal pipeline;**
- 2. Developing specific skills and competencies;** and
- 3. Bolstering recruitment efforts.**

These are not exhaustive lists but include key themes distilled from the interviews, survey responses, and lessons from the broader field of Medicaid leadership, including CHCS’s work with Medicaid leaders for more than a decade, as well as available literature (see [Appendix](#)). The success of any of these strategies will hinge on creating buy-in from existing Medicaid leadership, including it as a priority in the agency’s strategic agenda, and ideally, including clear goals and measures of success to track progress. The strategies outlined below could be accomplished by Medicaid agencies leveraging their internal resources and/or with support from external resources.

## 1. Reinforce the Internal Pipeline

Medicaid leaders responding to the survey primarily come from within the Medicaid agency or another health and human services agency. Since most leaders are recruited from “in-house,” Medicaid agencies have significant opportunity to identify, mentor, and develop their future leaders. Doing so requires proactive and sustained effort, but generally can be accomplished with existing resources. Given that the survey respondents identified direct service staff as more closely reflecting the diversity of individuals served by Medicaid, there is significant opportunity, if implemented, that in-house focused efforts could increase the diversity of future Medicaid leaders.

Following are strategies for supporting the internal leadership pipeline:

CONCEPT	STRATEGIES
<b>Development planning</b>	<ul style="list-style-type: none"> <li>• Work with staff throughout the year to ensure they have a development plan that outlines goals, areas to build, and measures of success.</li> <li>• Distinguish ongoing development planning from annual performance reviews. Development planning can be more effective when it is clearly an ongoing effort and not specific to technical organizational requirements.</li> <li>• Develop a plan for managers to review development plans with staff on a regular basis.</li> <li>• Connect development planning to delegation processes.</li> </ul>
<b>Leadership development programs</b>	<ul style="list-style-type: none"> <li>• Design programs for mid-level and/or senior staff focused on building specific leadership skills and competencies.</li> <li>• Create programs that foster skills building for frontline staff to support their long-term growth opportunities within the agency.</li> <li>• Leverage executive coaching opportunities for key senior leaders, particularly individuals who are new to senior leadership roles.</li> </ul>
<b>Mentorship</b>	<ul style="list-style-type: none"> <li>• Identify rising stars and connect them with a senior leader who will serve as a mentor.</li> <li>• Develop an agency-wide mentorship program where staff at different levels can serve as mentors.</li> </ul>
<b>Succession planning</b>	<ul style="list-style-type: none"> <li>• Formalize a process of identifying who could fill a future senior vacancy and create a development plan and process for those individuals.</li> <li>• Normalize that retirements and departures happen, and not all knowledge in a specific functional area should be “owned” by one individual.</li> <li>• Create systems for knowledge transfer from more senior staff to newer staff.</li> </ul>

## 2. Develop Specific Skills and Competencies

Medicaid leadership is complex and requires an array of skills and competencies. Medicaid leaders participating in this analysis indicated that certain skills and competencies are high priorities. Luckily, many of these are skills that can be identified within recruitment and hiring processes and further developed in newly hired leaders. Given that so many leaders rise from within the agency, Medicaid agencies can also focus on developing the necessary skills and competencies among their existing staff who represent the most likely source of future leaders.

Following are strategies for helping staff develop skills and competencies that will support their success in leadership roles:

CONCEPT	STRATEGIES
<b>Develop agency-specific leadership skills list</b>	<ul style="list-style-type: none"> <li>• Develop a list of specific leadership skills and competencies that align with job levels.</li> </ul>
<b>Provide job shadowing or rotations</b>	<ul style="list-style-type: none"> <li>• Create opportunities for rising stars to shadow senior leaders.</li> <li>• Bring rising leaders to meetings, testimony, etc. so they can observe.</li> <li>• Rotate rising stars onto projects that will expose them to new stakeholders, topics, etc.</li> <li>• Provide protected and dedicated time for staff to participate in these activities.</li> </ul>
<b>Implement skills building initiatives</b>	<ul style="list-style-type: none"> <li>• Identify opportunities for cross-functional job training.</li> <li>• Offer peer-learning opportunities (e.g., brown bags, peer affinity groups, etc.).</li> <li>• Provide protected and dedicated time for staff to participate in these activities.</li> </ul>

### 3. Bolster Recruitment Efforts

A consistent theme across Medicaid agencies is the challenge of limited pools of qualified applicants for leadership positions. The main issue identified — uncompetitive salaries — may not be an issue that Medicaid agencies can directly influence since government salaries are often set by employee pay scales, the legislature, or the Governor’s office.<sup>24</sup> Some Medicaid agencies have had success reclassifying positions so the associated salary is more competitive with the broader field.<sup>25</sup> There are additional strategies agencies can undertake to impact the recruitment process and increase the pool of qualified and diverse applicants. One significant strategy, for example, is identifying internal emerging leaders, investing in their development, and encouraging them to apply for senior level leadership positions when ready. The success of this strategy is also linked to the themes above: the more staff development and succession planning is prioritized, the more internal candidates may be well-positioned to apply for open positions. While the impact of this strategy may be experienced in a longer timeframe, other strategies, as outlined below, are also available to assist in the short term.

Following are strategies for bolstering recruitment efforts:

CONCEPT	STRATEGIES
<b>Clarify job descriptions</b>	<ul style="list-style-type: none"> <li>• Update job descriptions to accurately reflect the role, desired experience, and job responsibilities. Job descriptions can explicitly articulate the opportunity to contribute to the important mission and work of Medicaid.</li> <li>• Explore opportunities to work with human resources to revise job descriptions.</li> <li>• Edit job requirements (e.g., academic degree) to reduce potential barriers.</li> </ul>
<b>Diversify and expand dissemination strategies</b>	<ul style="list-style-type: none"> <li>• Explore less traditional ways to promote open positions through avenues like social media.</li> <li>• Share positions with professional networks.</li> <li>• There is more widespread familiarity with Medicaid due to recent policies (e.g., expansion). Build on this recognition to cast a wider recruitment net among community organizations and partners.</li> </ul>

## Conclusion

This analysis sought to explore key questions about Medicaid leaders — and the pipeline for future leaders — that are generally recognized as both pain points and areas of opportunity. The findings highlight valuable considerations and strategies for Medicaid agencies and support a foundation that can be expanded to augment a more robust Medicaid leadership pipeline. Key themes that emerged through this analysis, including long-term success and longevity in Medicaid leadership roles, warrant further exploration to better understand opportunities to strengthen Medicaid leadership.

At 50 years and counting, Medicaid is a vital national publicly financed care program essential to the health and well-being of millions of people across the nation. Understanding and investing in the individuals who lead this program is critical to ensuring that the program can continue to evolve to provide the best and most cost-effective services to the millions of people who depend on it.



## ENDNOTES

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<sup>16</sup> S. Johnson, op. cit.

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## Appendix: Literature Review

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