## Leadership Questionnaire

Please be thorough and detailed in your responses. If a question is not relevant to your Site, or if you are unable to answer, please write N/A and provide a brief explanation.

_^ Inc	licates required question		
1.	Email *		
2.	Organization name: *		
3.	Your name and title: *		
O	ganizational Makeup		
4.	How many eligibility technicians at your site	e process medical assistance? *	
5.	How many supervisors at your site superviassistance?	se technicians that process medical	*

6.	Are your eligibility technicians generalists or specialists? Please briefly describe   * your team structure.		
7.	Please tell us about your work management system. *		
8.	Please describe your medical assistance application workflow process. *		
S	taffing	_	
9.	Does your eligibility site have an employee human resources hiring guide or employee handbook that demonstrates compliance with the merit based standard requirements?	*	
	Mark only one oval.		
	Yes		
	No		

10.	Please provide a copy of your guide.
	Files submitted:
11.	Are background checks completed for staff prior to granting access to CBMS? *
	Mark only one oval.
	Yes
	◯ No
10	
12.	Do you complete job reference checks for employees that previously worked at *another county or eligibility site?
Sta	affing
13.	How do you maintain workload when you have position vacancies? *
10.	Then de yeu mamam wernieda when yeu nave pecilien vacancies.
14.	What is your process for delegating eligibility determination to outside
	agencies/contractors?

15.	your eligibility site?
D	ocumentation request
16.	Please provide a copy of your eligibility site's employee human resources hiring guide or employee handbook that demonstrates compliance with the merit based standard requirements.
	Files submitted:

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