

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

**A. GENERAL INFORMATION**

1. Date

5/11/16

2. Department

Department of Developmental Services

3. Organizational Placement (Division/Branch/Office Name)

Community Services Division, Office of Federal Programs and Fiscal Support Branch

4. CEA Position Title

Program Manager, SDP & HCBS

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)

The CEA will oversee the Self-Determination Program (SDP) and the Home and Community-Based Services (HCBS) programs, that provide services and supports designed to assist individuals with developmental disabilities achieve personally defined outcomes in community settings that promote inclusion and assists persons with developmental disabilities and their families to build their capacities and capabilities. These programs are an integral part of the DDS, whose mission is to provide services and supports to individuals with developmental disabilities.

6. Reports to: (Class Title/Level)

Assistant Deputy Director, 3rd organizational level

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain):

8. Organizational Level (Select one)

- 1st  2nd  3rd  4th  5th (mega departments only - 17,001+ allocated positions)

**B. SUMMARY OF REQUEST**

**9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.**

The CEA will formulate, develop, implement, and promulgate policies associated with the Self Determination Plan (SDP) and the Home and Community-Based Services (HCBS) settings' requirements. The CEA will also oversee the DDS' transition plan, all activities of both programs, and ensure that the DDS complies with the Centers for Medicare and Medicaid Services (CMS) regulations. He/she will monitor funding for a wide range of services and supports to implement the plans of care [or individual program plans (IPP)] for DDS' consumers.

As a member of the DDS executive team, the CEA will also oversee SDP and HCBS activities statewide, working with local Regional Center agencies. In this capacity, the CEA will communicate extensively with the DDS' Executive Management, State control agencies, the Legislature, consumers and their families, advocates, and other stakeholders regarding the status of the DDS' efforts to implement the SDP and comply with the federal HCBS regulations.

The CEA will also oversee all discussions and activities of stakeholder groups for the SDP and HCBS. These stakeholder groups are comprised of parents and consumers, and representatives from the following: California Disability Rights, Association of Regional Center Agencies (ARCA), DDS, State Council, Developmental Disabilities, Consumer Advisory Committee (CAC), and regional center (RC) representatives.

Furthermore, the CEA will be responsible for drafting a specific transition plan to comply with CMS final rules. This includes researching and interpreting existing laws and rules, including the 1915(c) HCBS Waiver and the 1915(i) State Plan, and creating and implementing policies and processes that align the DDS with these laws and rules. The CEA will work with DDS' executive staff and stakeholders to incorporate these and all subsequent DDS-specific plans, into the Statewide Transition Plan; and will oversee the public process for development/ submission of transition plan, including assuring that any changes made as a result of public comments are incorporated, and will provide accurate responses to CMS requests for clarifications and amendments to transition plan.

**B. SUMMARY OF REQUEST (continued)**

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: The Department of Developmental Services (DDS) is committed to providing leadership that results in quality services to the people of California and assures the opportunity for individuals with developmental disabilities to exercise their right to make choices. There are two major programs administered by DDS. The Community Services Program administers contracts with 21 private, non-profit regional centers statewide, which provide and coordinate services at the local level for approximately 290,000 individuals with developmental disabilities living in the community. The Developmental Centers Program provides 24-hour direct care and treatment services through three State-operated developmental centers (DC) and one State-operated community facility to approximately 1,000 residents.

The DDS recently submitted a closure plan to the Legislature, with the goal of closing the remaining DCs by 2021. Closure of the DCs significantly impacts both DDS programs. The ability to meet the specialized needs of the DC residents, including comprehensive assessments of each individual and person-centered planning, requires intensive preparation and community resource development by the regional centers. The 2015-16 budget includes \$115.9 million for resource development and related expenditures under the Community Placement Plan. Through the combined efforts of regional centers, hundreds of projects are underway to identify and develop the full array of necessary services, including development of residential homes, community crisis facilities and teams, clinical support services, transportation, training, and day employment services.

The Self Directed Program (SDP) is an integral part of these efforts and the DDS' mission. The SDP provides consumers and their families more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan.

In addition, the DDS is working on a transition plan for consumers, which falls under Section 1915(c) of the Social Security Act. The Home and Community-Based Services (HCBS) program provides long-term services & supports provided in home and community-based settings, as recognized under the federal Medi-Cal Program. These services can be a combination of standard medical services and non-medical services. Standard services can include, but are not limited to: case management (i.e. supports and service coordination), homemaker, home health aide, personal care, adult day health services, rehabilitation (both day and residential), and respite care. New federal regulations also establish requirements for where the HCBS can be provided. These changes including ensuring individuals receiving services have more community based options; for example, shopping, attending church, dining out, employment, etc.

Person-centered individual program planning assists persons with developmental disabilities and their families to build their capacities and capabilities. This planning effort is not a single event or meeting, but a series of discussions or interactions among a team of people including the person with a developmental disability, their family (when appropriate), regional center representative(s) and others. It is through these programs that all individuals are able to access what everyone deserves, a good life, and the ability to exercise his/her right to make choices.

**B. SUMMARY OF REQUEST (continued)**

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

As a result of years of emphasis on community integration and serving individuals with developmental disabilities in the least restrictive environment appropriate for the person, the populations in large, State operated facilities have drastically declined. The trend away from large, congregate developmental centers to more independent living, facilitates a need for community centered programs and greater use of regional centers. The HCBS and SDP provide consumers and their families more freedom, control, and responsibility in choosing services and supports.

In March 2014, the Centers for Medicare and Medicaid Services (CMS) published final rules defining what constitutes a home and community-based setting for Medicaid reimbursement purposes under Section 1915(c) HCBS waivers, and Section 1915(i) HCBS State Plan programs. These federal rules require homes and programs where HCBS are delivered to meet new criteria in order to qualify for federal funding under the Medicaid program (called "Medi-Cal" in California). Each state must write a plan for how its HCBS programs meet these new rules. States have until March 17, 2019, to implement the requirements for home and community-based settings in accordance with CMS approved plans and the DDS is creating an extensive transition plan.

To ensure compliance with CMS final rules, the CEA will oversee all phases of compliance efforts. The CEA will be responsible for developing effective communication strategies and coordinating activities that involve all stakeholders. Coordination of standards and home and community-based settings compliance will be a critical function of the CEA, as will the assessment of service settings, and remediation activities for settings identified as in need of potential changes to existing settings. The CEA will provide expertise, identify issues, develop strategies and policies, and implement policies that assist the DDS in meeting all CMS requirements. The CEA will also oversee the drafting of the DDS' transition plan to come into compliance with the CMS' final rules.

In addition to ensuring compliance with the new CMS regulations, the DDS is implementing the SDP. Under Division 4.5 of the Welfare and Institutions Code, the SDP shall be available in every regional center catchment area and shall be phased in over three years, and during this phase-in period, shall serve up to 2,500 regional center consumers. Following the phase-in period, the program shall be available on a voluntary basis to all regional center consumers, including residents in developmental centers who are moving to the community, who are eligible for the SDP. Federal funding is necessary to implement the SDP. The DDS is responsible for ensuring all SDP activities meet strict federal requirements in order to receive funding.

To ensure success of the SDP, the CEA will oversee the development and implementation of the SDP. The CEA will be responsible for developing effective communication strategies and coordinating activities that involve all stakeholders. The CEA will develop, implement and promulgate policies that ensure the success of the SDP.

### **C. ROLE IN POLICY INFLUENCE**

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

The CEA will formulate, develop, promulgate and advise the DDS' Directorate of potential policies regarding SDP monitoring and oversight requirements. Once Directorate approval is received, the CEA will implement and maintain the following policies.

Implementation of the SDP is contingent upon approval of federal funding. The CEA will have policy authority over the development of the application for federal funding from Centers for Medicare and Medicaid Services (CMS) for the Home and Community-Based Services for the SDP, and will negotiate approval of the waiver for the SDP. The CEA will ensure the DDS receives the appropriate level of federal funding from Centers for Medicare and Medicaid Services (CMS) for the Home and Community-Based Services for the SDP and have a mechanism for relaying accurate information to the CMS.

Also, the CEA will have policy authority over HCBS services and will recommend new service options to meet CMS requirements. The CEA will be responsible for ensuring that the DDS receives adequate federal Medicaid funding so the DDS can meet the needs of consumers who choose to get their long-term services and supports in their home or community, rather than in institutions. Under the new rules, individuals must receive services in the most integrated settings of their choosing and also have full access to the benefits of community living. These changes not only impact individuals, whose quality and method of receiving services will differ, but also affect service providers, who must meet new standards for services to be eligible for reimbursement under Medicaid. In addition, the new rules allow for a "heightened scrutiny process" that will allow states to present evidence and public input to demonstrate that these settings do, in fact, comply with the new requirements.

In addition, the CEA will have policy authority over the DDS' HCBS, ensuring the DDS adheres to CMS' regulations for 1915(c) waiver programs, 1915(i) State Plan programs, and services provided through Medicaid (42 CFR Part 430, 431, et al.). The CEA will provide recommendations on changes to existing DDS policy, as well as new DDS policies, to ensure that individuals receive HCBS in settings that are integrated in and support full access to the greater community. These will allow consumers to have control over where they live and who provides services to them, and ensures that individual rights and freedoms are not restricted.

Lastly, the CEA will ensure that DDS policies align with federal government requirements, including, determination of new homes and settings where SDP participants will reside and receive services.

**C. ROLE IN POLICY INFLUENCE (continued)**

13. What is the CEA position's scope and nature of decision-making authority?

Although the CEA reports to the Assistant Deputy Director and is responsible to keep the deputy apprised of issues and policy decisions, given the size and scope of the Community Services Division's responsibility and the size of California's system of services and supports, the CEA is responsible to make daily decisions regarding the HCBS and SDP. These decisions can have limited, local impact or have statewide consequences and impact the quality of life for multiple individuals.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

The CEA will primarily develop and implement new policy. The Office of Federal Programs and Fiscal Support (OFPFS) is responsible for departmental policies, eligibility, budgeting, and administration of federally funded programs. OFPFS assures compliance with regulations of all federally funded programs to ensure continued receipt of federal financial participation (FFP), which exceeds \$2 billion annually. For this purpose, OFPFS communicates with and reports to CMS on a regular and ongoing basis. OFPFS ensures effective implementation of Departmental policies relative to the administration of federal programs and provides technical expertise required to assure compliance with State statute and the rules and regulations of CMS. OFPFS coordinates with Department staff, CMS and the Department of Health Care Services and other entities as necessary to implement FFP proposals. All federal programs require extensive ongoing data reporting in addition to comprehensive renewal processes, and OFPFS must anticipate and respond to any future changes in federal program requirements. OFPFS also performs all claiming activities for the collection of FFP for all programs.

The CEA will have primary oversight of efforts toward compliance with the final CMS rules, as well as ongoing efforts to maintain compliance. Continued funding for a number of the federal programs the OFPFS oversees and administers, including the HCBS Waiver and the 1915i SPA, will be dependent upon compliance with the CMS rules. The CEA will continually evaluate effectiveness and compliance with rules, and develop and implement policies to ensure compliance. In addition, the CEA will promulgate existing policy and ensure these policies are adhered to.