

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

09/30/2016

2. Department

Department of Health Care Services

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

Health Care Benefits & Eligibility

4. CEA Position Title

Deputy Director

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

The Deputy Director, Health Care Benefits and Eligibility (HCBE), is one of four Deputy Directors in the Department of Health Care Services (DHCS), who oversee Health Care Programs. Under the administrative direction of DHCS's Chief Deputy Director, Health Care Programs, the Deputy Directors serve as key contributors in the formulation of policy to achieve the mission of DHCS. DHCS's mission is to provide Californians with access to affordable, high quality health care, which is provided through DHCS health care programs, the largest being Medi-Cal.

6. Reports to: (Class Title/Level)

Chief Deputy Director, Health Care Programs

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 Deputy Director, HCBE, is responsible for the planning, development, promotion, implementation, and evaluation of health care eligibility, benefits and delivery systems to approximately 13.4 million beneficiaries under the Medi-Cal program, which includes approximately three (3) million individuals added to the program, as a result of health care reform implementation that began January 1, 2014. HCBE is comprised of the Benefits Division, Medi-Cal Eligibility Division, Pharmacy Benefits Division, Medi-Cal Dental Services Division, Primary Rural and Indian Health Division, and the Office of Family Planning. These programs provide health care services to low-income persons and families, who meet defined eligibility requirements; emphasize prevention-oriented health care programs that promote human health and well-being; ensure access to comprehensive health services using public and private resources; and ensure appropriate and effective expenditure of public resources to serve those with the greatest health care needs.

The Deputy Director, HCBE, will be responsible for directing and coordinating the programs and activities in the HCBE policy area to ensure uniform program direction and maximum efficiency throughout the state-wide health care delivery system. The Deputy Director, HCBE, will establish and implement policies and procedures for the effective operation of Medi-Cal. The Deputy Director, HCBE, will direct and evaluate the planning, implementation and oversight activities necessary to improve operations in HCBE. The Deputy Director will advise and consult with the Director concerning issues of significant policy impact. The Deputy Director, HCBE, will assist DHCS's Director, Chief Deputy Directors, other Deputy Directors, and the state Legislature in determining program direction consistent with legislative intent. The Deputy Director, HCBE, will represent DHCS in contact with public and private organizations, and local, state, and federal government officials on matters related to Medi-Cal.

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: DHCS's mission is to provide Californians with access to affordable, high quality health care, including medical, dental, mental health, substance use treatment services, and long term care. These services are provided through DHCS health care programs, the largest being Medi-Cal. Approximately 13 million members receive health care services through Medi-Cal.

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.

Under Health Care Reform, significant changes were made to the Medi-Cal eligibility rules for a majority of the population served by Medi-Cal, as well as key benefit changes. Additionally, for the past several years there has been significant scrutiny by the legislature, advocates, media and the federal government of the program regarding covered dental services for program enrollees, with particular attention paid to children. These collective issues have generated significant media and legislative attention that the Deputy Director, HCBE, must routinely oversee and manage.

The Deputy Director, HCBE, position has been responsible for the management and oversight of key aspects of Medi-Cal eligibility and enrollment processes and policy development as it relates to health care reform implementation under Medi-Cal. This work includes extensive coordination within the Department with program and information technology staff, within the Administration, including the California Department of Social Services; the Department of Finance (DOF); the Office of Systems Integration; the California Health and Human Services Agency (CHHS); and the Governor's Office (GO); and, with external partners, including the County Welfare Directors Association (CWDA); county social services directors; Covered California; and, the federal Centers for Medicare and Medicaid Services (CMS). The newly created policy must be translated for design and incorporation into the eligibility systems for Medi-Cal and Covered California, and issued for use by county eligibility staff. There are also over 17 regulatory packages that must be promulgated as a result of the new eligibility policies and, where controversial, the Deputy Director will be required to intervene and address issues with stakeholders.

Given the extensive coordination and management oversight needed for the eligibility changes, the Deputy Director also oversees several newly created work group efforts, including the Consumer Focused Work group, Assembly Bill 1296 Eligibility and Enrollment Work group, and the Pregnancy sub work group. Additionally, work is underway to establish two additional sub work groups - notices and immigration - to address eligibility requirements and needed system changes for immigrants applying for covered benefits.

The Deputy Director, HCBE, serves as the co-chair for a newly created Project Steering Committee, which has the responsibility for setting program direction, objectives, goals, and business priorities for the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS), a jointly sponsored eligibility and enrollment system with Covered California, which was developed as a requirement for health care reform implementation and serves as the online enrollment system for individuals seeking coverage under Medi-Cal or Covered California. The Deputy Director, HCBE, also serves as the DHCS sponsor representative on the Program Coordination Committee which deals with the priority setting for system changes needed for CalHEERS, and supports the Director, DHCS, as a key member of the Executive Steering Committee, which is responsible for leadership and final decision making on escalated matters related to CalHEERS.

The Deputy Director, HCBE, also serves as the key departmental program contact on matters pertaining to the Denti-Cal program. The Denti-Cal program has experienced tremendous scrutiny since 2012 due to media reports pertaining to poor utilization and lack of access to dental services for children enrolled in dental managed care plans in Sacramento County. This attention has since subjected the Department to multiple legislative oversight and budget hearings as well as ongoing media attention. This scrutiny has been compounded by negative findings from an audit, completed in 2014 of the program by the California State Auditor as well as the federal Office of the Inspector General, completed in 2015. As a result of the audit findings, there is significant work the Department must take on in terms of the needed audit responses and corrective action plans. These efforts require extensive coordination within the Department and with the dental fiscal intermediary, which manages the dental fee-for-service delivery, where the majority of Medi-Cal beneficiaries receive their dental services. There are also ongoing issues with access to general anesthesia services for children enrolled in the program and how the benefit is coordinated between the two delivery systems, fee-for-service and managed care, for the covered benefit. This has resulted in the need to develop new policy and work with advocates, providers, and plan partners in addressing this matter. The dental issues have generated significant inquiries from consumer advocates, the dental providers, the legislature and the federal government which the Deputy Director must routinely address/respond to.

HCBE is also establishing new program benefits for children with autism, which has increased/heightened media and advocacy attention. Similarly, the Deputy Director is responsible for overseeing the development of the program policy for this new covered benefit which has required extensive coordination with advocates, Medi-Cal managed care plans, the Department of Developmental Services, the Department of Managed Health Care, CHHS, and DOF.

The Deputy Director will serve as a key departmental participant in upcoming discussions with county representatives, DOF and CHHS in the development of a new budgeting methodology for financing county administrative work in conducting Medi-Cal eligibility determinations. The Deputy Director's participation will be critical in these meetings as this will be the first time the Department has developed a methodology that will take into consideration key aspects of the eligibility determination process to inform the financing of this work.

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 Deputy Director, HCBE, is responsible for policy areas encompassing the breadth of issues on health care benefits and eligibility for the Medi-Cal program, which provides coverage to approximately 13.4 million individuals statewide. The following are examples of policy areas the Deputy Director will serve as the principle policy maker:

Eligibility and Enrollment - As a member of the DHCS Executive Staff, the Deputy Director, HCBE, serves on several state-level executive committees in a leadership capacity on matters pertaining to health care reform implementation and eligibility and enrollment processes. Specifically, the Deputy Director, HCBE, makes decisions on priority setting for Medi-Cal eligibility policy development and the subsequent implementation of such policies into local (county) and state eligibility and enrollment systems. These policies directly impact eligibility and enrollment into the Medi-Cal program and influence the enrollment of approximately 4 million new enrollees into Medi-Cal. These policies are informed by state and federal requirements, and input received from state and federal control agencies, external stakeholders (including county eligibility workers), consumer advocates, state-level associations, and beneficiaries. These policy areas (timely eligibility determinations, income counting, household composition, renewal processing, immigration and citizenship verifications, etc.) must remain consistent with state and federal requirements, and they must meet specified criteria for priority setting for system design changes, implementation, and associated costs. The Deputy Director, HCBE, will provide direction and guidance and reset priorities when there are ambiguities with policy interpretations and delays with deploying new system functionality. The Deputy Director, HCBE, will work with program staff to identify mitigation strategies to lessen impacts to county eligibility staff workload and county administrative business flows. Policies impacting Medi-Cal eligibility determinations affect the workload of approximately 40,000 county workers and can impact Medi-Cal funding for county administrative work.

County Administrative Budgeting - This has been a high priority policy area for the Administration for the past several years, and the development of a new budgeting methodology is statutorily required. Based on augmentations resulting from health care reform implementation, the county administrative budget is proposed at approximately \$1.8 billion in total funding for the coming budget year. The Deputy Director, HCBE, holds a key role in working with the policy and fiscal county representatives and state staff in developing the specific metrics to be used for setting future funding allocations. The Deputy Director, HCBE, is responsible for ensuring the specified metrics meet statutory requirements such as accuracy and timeliness of application and renewal processing and address any issues that may arise as part of the planning and development process for the new methodology. Unsuccessful negotiations can lead to continued use of a budgeting methodology that is primarily based on caseload and county costs versus one that is informed by data and measurable outcomes of the work being performed. County administrative funding is allocated to all 58 counties, as they are the delegated entities to conduct Medi-Cal eligibility determinations on behalf of DHCS.

Dental Benefits - The provision of dental services under the Medi-Cal program has been under legislative and media scrutiny for the past several years due to issues concerning poor utilization of covered services, low reimbursement rates, and poor provider participation in the program. These issues have also been the subject of negative audit findings from both state and federal auditors. The Deputy Director, HCBE, has been directly engaged in providing policy direction on the myriad of issues that are facing the dental program; and, in particular, on two specific benefit areas: 1.) the use of general anesthesia/IV sedation (GA/IV) and scaling; and, 2.) root planing (SRP). The programmatic issues, negative audit findings, and the benefit issues pertaining to GA/IV and SRP have resulted in numerous legislative hearings, media inquiries, and meetings with interested stakeholders and providers to address the identified issues. The problems encountered have a statewide impact for beneficiaries eligible for dental benefits; specifically, young children, individuals with developmental disabilities, and individuals in long term care institutional settings. The Deputy Director, HCBE, is the point of contact for the Department in terms of handling the policy issues around the dental program, and represents the Department in various meetings and hearings, providing policy direction to program staff on how to handle the myriad of issues that have been identified with the provision of these services - these issues include criteria used to establish medical necessity, prior authorization requirements and benefit costs.

C. ROLE IN POLICY INFLUENCE (continued)

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

The Deputy Director, HCBE, has direct responsibility for decision making authority for the six divisions that are under HCBE. The Deputy Director, HCBE, receives general guidance and direction from the Chief Deputy Director, Health Care Programs. The decision making authority includes providing direction and guidance to the divisions on policy matters within their organizations and making final decisions on sensitive and/or controversial policy matters that impact Medi-Cal eligibility and benefits. The decisions made by the Deputy Director support the overall mission and vision of DHCS. These decisions at times will generate media and legislative attention due to the nature of their sensitivity and can have far reaching impact, given the myriad of issues that impact covered benefits and eligibility policies. These policy decisions can have significant fiscal implications and must be accounted for in the DHCS budgeting process. Consideration of policy decisions must also weigh the extent to which legislative authority is needed to effectuate the given policy. To the extent such decisions are not fully informed, misguided decisions can result in negative budgetary impacts for the Department, and may subject the Department to litigation. The benefit and eligibility policies and decisions made by the Deputy Director, HCBE, have the potential for impacting (negatively or positively) enrolled beneficiaries which could have an impact on access to care and/or eligibility determinations. The policy decisions made by the Deputy Director, HCBE, are informed by state and federal statutes, regulations, policies and input from key external parties including DHCS Legal Staff, health and consumer advocates, providers, state associations, and county partners. Additionally, the Deputy Director, HCBE, has responsibility over a significant portion of administrative activities that deal with eligibility, enrollment, and claims payment for dental services. Similarly, policy decisions made by the Deputy Director, HCBE, on administrative matters can have detrimental impacts to the program, to the extent they are not fully informed. Such impacts could include loss of federal funding which can negatively impact the DHCS budget and place the Department at risk for litigation.

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

Given the extensive coordination, management, and oversight needed for the eligibility changes, the Deputy Director, HCBE, also oversees several newly created work group efforts, including the Consumer Focused Work group, Assembly Bill 1296 Eligibility and Enrollment Work group, and the Pregnancy sub work group. Additionally, work is underway to establish two additional sub-work groups (notices and immigration) to address eligibility requirements and needed system changes for immigrants applying for covered benefits.

The policy work of the Deputy Director, HCBE, involves policy development and implementation for both new and existing programmatic areas. The new policies originate from state and federal statutory and/or regulatory changes that impact programs under the direction of the Deputy Director, HCBE. Examples of new policy areas that the Deputy Director, HCBE, will have responsibility for include: implementation of offering full Medi-Cal covered benefits to all children under the age of 19, regardless of immigration status; implementation of covered benefits to aid in end of life decisions; and, implementation of dental transformation initiative designed to incentivize provider participation, increase utilization of preventive services for children and promote continuity of care. Policy development strategies will leverage best practices and lessons learned from prior efforts of bringing up new programs and policies.

Additionally, in an effort to manage the influx of needed program changes related to eligibility requirements resulting from health care reform implementation, the Deputy Director, HCBE, will continue to work to develop effective strategies for meeting with and engaging key stakeholders and county partners in developing policies and procedures for the required changes. This effort, performed in concert with the overall departmental stakeholder process, has helped to decrease stakeholder criticism of enacted policies and has resulted in increased transparency and active engagement of stakeholders in the development of the new eligibility policies. These efforts include having pre-meetings with key consumer advocates and/or county partners to prepare meeting agendas, identify actions and time lines to address identified issues; and, to determine the responsible party for the needed follow-up. These collective efforts have been applauded by the stakeholder community. The Deputy Director, HCBE, will leverage similar stakeholder engagement processes for the aforementioned new policy areas.