

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

January 8, 2026

2. Department

Health Care Access and Information

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

HCAI/Rural Health Transformation Office

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)

Reporting to the Chief Deputy Director, the Rural Health Transformation Program Director provides executive leadership for the planning, implementation, and statewide operation of California's Rural Health Transformation Program, ensuring alignment with HCAI's mission to improve health care access, quality, and affordability through data-driven policy, innovation, and system stewardship. The position exists to integrate policy, clinical innovation, workforce, data exchange, and community engagement functions into a cohesive statewide strategy that delivers measurable improvements in health outcomes for rural Californians while meeting all federal cooperative agreement requirements.

6. Reports to: (Class Title/Level)

Chief Deputy Director

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.

This position carries full statewide executive responsibility for California's Rural Health Transformation Program (RHTP), a multi-year, federally funded initiative that directly affects rural hospitals and health systems, clinics and communities across the state. The incumbent is accountable for translating federal program requirements into an operational statewide strategy that aligns with California law, HCAI's statutory authorities, and CalHHS priorities.

The Program Director is responsible for setting statewide program direction, approving implementation strategies, and ensuring that all RHTP activities are executed efficiently, equitably, and in compliance with federal and state requirements. This includes oversight of program design, grant administration, technical assistance, evaluation, stakeholder engagement, and interagency coordination.

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 mission of the Rural Health Transformation Program is highly critical to the Department of Health Care Access and Information's mission to improve health care access, quality, affordability, and system performance across California. Rural communities experience some of the most significant disparities in access to care, workforce availability, financial stability of providers, and health outcomes. Addressing these disparities is essential to achieving HCAI's statewide mandate to strengthen the health care delivery system through data-driven policy, innovation, and strategic investment.

The California Department of Health Care Access and Information (HCAI) has developed the California Rural Health Transformation (CA-RHT) program plan as required by 42 U.S.C. 1397ee(h)(2)(A)(i), a statewide strategy to strengthen access, quality, and sustainability across rural and frontier communities to improve health outcomes. The plan envisions a connected, resilient rural health system that delivers person-centered care through a skilled workforce, modernized infrastructure, and locally responsive partnerships. The CA-RHT program outlines a comprehensive framework to strengthen rural health delivery through coordinated, data-informed action.

The Rural Health Transformation Program directly advances HCAI's core statutory responsibilities by stabilizing and modernizing rural health care infrastructure, supporting workforce development, expanding the use of telehealth and health information technology, and enabling data exchange to support treatment, payment, and health care operations. These functions align with and operationalize the department's authorities under SB 184 (Chapter 503, Statutes of 2022) and AB 133 (Chapter 143, Statutes of 2021), which emphasize system integration, transparency, and innovation as foundational elements of improved access and outcomes.

The program is also critical to the department's role as California's lead entity for administering complex, federally funded health system transformation initiatives. Successful implementation of the Rural Health Transformation Program is essential to maintaining federal partnerships, demonstrating California's capacity to manage large-scale regional delivery system reforms, and ensuring that rural Californians benefit equitably from statewide health policy advancements. Failure to effectively execute this program would undermine HCAI's ability to fulfill its mission, weaken the state's rural health care safety net, and expose the department to significant fiscal, operational, and reputational risk.

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.

This request is necessary due to the enactment of a new federal Rural Health Transformation (RHT) program in July 2025, which established a statewide, federally funded rural health system transformation initiative under federal Medicaid authority. The enactment of the Rural Health Transformation Fund under H.R. 1 signals national commitment to rural health transformation. California's implementation through a state plan and related executive leadership aligns with this federal priority and justifies the need for sustained executive authority at HCAI. This program did not exist previously and introduces significant new responsibilities for the State of California, including the development and execution of a comprehensive rural health transformation plan, administration of grant funding, performance monitoring, and direct federal accountability.

As a result of this federal enactment, by direction of the California Health and Human Services Secretary, HCAI was designated as California's administering entity and the recipient of the CMS cooperative agreement. This designation materially expands HCAI's role and obligates the department to provide executive-level leadership, fiscal oversight, and cross-organizational coordination to ensure compliance with federal requirements and achievement of program outcomes.

The RHT program requires ongoing executive decision-making related to statewide strategy, allocation of federal funds, approval of implementation approaches, and resolution of complex policy and operational issues affecting rural providers and communities. For example, the department must oversee the development of regional transformation strategies, administer and monitor grant awards, engage directly with CMS through regular reporting and meetings, and demonstrate measurable improvements in rural health access and outcomes over a multi-year period. These responsibilities cannot be absorbed within existing management structures and represent a significant change in scope, complexity, and risk for the department.

The establishment of a Rural Health Transformation Program Director at the CEA B level is therefore justified by the creation of this new federal program, the associated expansion of HCAI's statutory and administrative responsibilities, and the need for sustained executive authority to ensure effective statewide leadership fiscal and programmatic accountability, and successful implementation of a highly visible and complex federal initiative.

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.

As the executive leader for California's Rural Health Transformation Program, the Rural Health Transformation Program Director serves as the principal policy maker in the following statewide policy areas:

First, the incumbent is the principal policy maker for statewide Rural Health Transformation Program implementation policy under the federal Rural Health Transformation Act enacted in July 2025. This includes development and execution of California's State Rural Health Transformation Plan submitted to the Centers for Medicare and Medicaid Services (CMS). Policy decisions in this area determine statewide priorities, implementation models, and performance expectations, directly affecting rural providers and communities across California.

Second, the Program Director is the principal policy maker for RHT grant funding and resource allocation policy. This includes establishing statewide policies for eligibility, funding methodologies, award criteria, and accountability standards for federal funds received through the CMS cooperative agreement. These policies have a direct and identifiable impact on the financial stability and transformation capacity of rural hospitals, health systems, clinics and medical offices statewide.

Third, the incumbent serves as the principal policy maker for rural care delivery, workforce, and clinical innovation policy within the RHT program. This includes policies supporting workforce stabilization, telehealth and e-consult adoption, and new care models tailored to rural settings. These decisions affect access to services, workforce availability, and care quality for rural and frontier populations throughout the state.

Fourth, the Program Director is the principal policy maker for program performance, evaluation, and federal compliance policy. This includes establishing statewide policies for outcome measurement, reporting, and corrective action in alignment with CMS requirements. These policies ensure consistent accountability across all participating regions and protect California's continued eligibility for federal funding.

Through these policy areas, the position directly shapes how the Rural Health Transformation Program operates statewide and has a significant impact on access to care, system sustainability, and health outcomes for rural Californians.

C. ROLE IN POLICY INFLUENCE (continued)

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

The Rural Health Transformation Program Director exercises broad executive decision-making authority over the statewide planning, implementation, and operation of California's Rural Health Transformation Program. Acting with delegated authority from the Department Director, Chief Deputy Director, and Senior Deputy Director, the incumbent makes independent decisions that establish program direction, priorities, and implementation strategies within the framework of federal and state law.

The position has authority to approve statewide program policies, implementation plans, grant and funding methodologies, contract strategies, and performance standards necessary to meet the requirements of the federal Rural Health Transformation Act enacted in July 2025 and the associated CMS cooperative agreement. Decisions made by the incumbent directly affect the allocation of federal funds, the participation of rural providers statewide, and the achievement of required program outcomes.

The nature of the decision-making is strategic and executive, involving complex policy, fiscal, and operational considerations and requiring the resolution of issues that cannot be addressed at lower managerial levels. The Program Director routinely exercises judgment in areas where guidance is general rather than prescriptive and where decisions have significant statewide, fiscal, and public policy implications. The position is directly accountable for the results of these decisions and for ensuring that the program remains in compliance with federal requirements while advancing the department's mission.

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

The Rural Health Transformation Program Director will primarily be developing and implementing new policy to meet the requirements of the Rural Health Transformation Act of 2025. This includes creating policy frameworks for federal funding allocation, care model transformation, workforce development, and data exchange tailored to rural health needs. The Program Director will also interpret and apply existing state and federal health policies, ensuring alignment with California's broader health system goals and CMS requirements, while making real-time policy adjustments based on emerging challenges and stakeholder feedback.