

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

5/29/2020

2. Department

California Department of Public Health

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

Center for Health Care Quality

4. CEA Position Title

Chief, Licensing & Certification Division (Formerly Assistant Deputy Director, Center for Health Care Quality)

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

The California Department of Public Health (CDPH/Department) is committed to advancing the health and well-being of California's diverse people and communities. The Chief, Licensing and Certification (L&C) Division, supports that mission by providing operational support and direction to staff conducting mandated activities that protect the health and safety of patients in health care facilities.

6. Reports to: (Class Title/Level)

Deputy Director, Center for Health Care Quality/Exempt

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*):

The Chief, L&C Division, advises and makes recommendations to the Executive Management Team and the Director relating to emergency preparedness initiatives (pandemics, infectious disease outbreaks) and issues impacting training, licensure and investigations of health facilities, administrators, health professionals and paraprofessionals.

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 Chief, L&C Division manages, plans, organizes, directs and monitors the work of a multidisciplinary staff engaged in investigating complaints, licensing and certification of health facilities, health professionals and paraprofessionals, health care provider education and emergency preparedness to ensure compliance with State and federal laws that protect patient health. The incumbent oversees and provides direction for the support of operations and activities of CHCQ's L&C Division associated with the State's universe of more than 11,000 licensed entities, including but not limited to the following tasks: initial applications, renewals and changes to health facilities licensure, certification and ownership for 30 types of new and existing health care facilities; review and approval of health care paraprofessional training programs; review and approval of paraprofessional licensure; investigations of medical breach incidents reported by the health care facilities and provider agencies; and, monitoring and maintaining emergency preparedness for the Center.

Responsibilities of the L&C Chief position include: ongoing analysis of operational performance of staff to ensure both State and federal workload objectives are met, and monitoring and assessing areas of potential cost reduction, program improvement, or policy change. The incumbent participates in policy making decisions that impact the program, staff, providers and the public. This includes but is not limited to proposed legislation, regulations, and internal operation policies that drive the program functions and serve the Department's mission. The L&C Chief participates in organizational committees at both the State and national levels pertaining to the oversight of health care facilities and providers and contributes input and recommendations that represent the Department and the State on internal, external and federal policies. On behalf of the CHCQ Deputy Director, the L&C Chief addresses sensitive press inquiries concerning enforcement actions, emergency preparedness and other health care facility and provider agency licensing and certification functions. In addition, the incumbent develops testimony and attends legislative hearings as a technical expert, makes presentations to legislative staff and committees, provider organizations and other stakeholders and departments regarding policies, programs and/or budget related topics.

The incumbent provides the Deputy Director, CHCQ, recommendations for short and long-term actions to preserve safe and accessible health care in California. The position requires close collaboration and consultation with other governmental agencies, legislative staff, public health advocates and private sector organizations to effectuate policy changes; reviews legislation, laws, and public policy and makes recommendations for changes that promote and support the interests of the general population and specialty groups. In the absence of, and in conjunction with, the Deputy Director, CHCQ, the L&C Chief provides information and recommendations to the CDPH Director and State Public Health Officer.

The L&C Chief oversees work product of the following areas:

The Central Applications Branch's (CAB) work is essential for California health care facilities ability to provide access to care. CAB reviews applications for California Licensure and Federal Certification by new providers, determining whether a new facility is qualified for enrollment into state and federal programs for Medicare and Medicaid funding. CAB enforces sanctions against providers who fail to meet federal standards and process applications for changes in service, ownership, and other changes to care by existing providers in a timely manner. Californians and visitors access to healthcare is determined by CAB's ability to timely process of applications.

The Investigations Branch (IB) holds facilities accountable for breaching medical privacy records, determines whether facilities are appropriately staffed based on patient census, and determines eligibility for staff to work in health care facilities by conducting background check investigations. IB oversees and investigates complaints and allegations against federally certified or State licensed providers, including Home Health Aids (HHA), Certified Nursing Assistants (CNA), Hemodialysis Technicians, and Nursing Home Administrators (NHA). These functions are focused on licensure and certification of individual providers, not facilities. Efficient practices are crucial for supporting the workforce needed to deliver quality patient care.

The Emergency Preparedness Disaster Response (EPDR) program responds to natural and man-made disasters and emergencies, such as Wildfires, Public Safety Power Shutoffs, Infectious Disease Outbreaks, etc. Many of these emergencies impact licensed healthcare facilities, including the patients and populations that they serve. EPDR assists in creating District Office Incident Response teams that collect, analyze and report situational awareness of impacted health care facilities and patients. During disasters, EPDR collaborates with the Medical Health Coordination Center (MHCC) and the CalOES to track and monitor facility evacuations as well as review and approve regulatory flex and request or assist with requesting waivers through Center for Medicaid and Medicare (CMS) to meet facility's needs. The EPDR also provides technical assistance to the recovery and repopulation of impacted facilities.

The Healthcare Workforce Branch (HWB) vets and approves/denys applications from potential CNAs, HHAs and NHAs to determine whether these applicants meet the certification and licensure criteria and approves distance learning curriculum and ensures compliance of CNAs training programs.

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 L&C Division's functions are directly related to CDPH's mission dedicated towards advancing the health and well-being of California's diverse people and communities. CDPH provides critical services to the public including infectious disease control and prevention, food safety, licensing of healthcare staff and facilities, environmental health, laboratory services patient safety, emergency preparedness, chronic disease prevention and health promotion, family health, health equity and vital records and statistics. CHCQ is the largest program within CDPH representing one third of CDPH's staff population. CHCQ's critical activities directly support CDPH's mission, which includes evaluating applicant health facilities, agencies, and professional staff for compliance with state and federal laws and providing health facilities assistance with prevention activities including the use of data to inform decision-making.

The L&C Chief provides overall direction and strategic leadership is ensure healthcare facilities, staff, and protocols are compliant with State and federal mandates. The incumbent ensures the Center is prepared to handle emergency and disaster events and healthcare paraprofessional staff are trained to provided quality care.

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.

CHCQ is reorganizing its structure to better align functions and improve operational efficiency. With the responsibility of regulating over 11,000 health facilities and providers in California coupled with the ongoing changes in State and federal healthcare laws, CHCQ has an unavoidable need to realign functions to address the disproportionate distribution of workload among Center CEAs and span of control issues within the Center that prevent effective planning and oversight over new, existing, and/or expanded program functions. The reorganization will address the disproportionate distribution of workload among the CHCQ CEAs and allow effective oversight over expanded program functions and streamline communication amongst program levels.

The complexity and diversity of health care entities and population needs throughout the State continue to grow and change at an alarming rate. CHCQ has grown by more than 200 positions over the last several years, thereby significantly increasing the work volume and oversight responsibilities of the CHCQ Assistant Deputy Director (AAD). In the current CHCQ organization structure, through subordinate CEAs, the entire CHCQ workforce of 1350 report vertically through the sole CHCQ ADD. A single CHCQ ADD is ill-equipped to efficiently handle the heavy and complex workload of the Center. Resulting in lengthy processing/approvals times of workload at the ADD level. The design of this reporting structure is not conducive to the fast moving, complex scope and operating needs of CHCQ. Therefore, the Center proposes to eliminate the existing CHCQ ADD position and elevate other Center CEAs to serve as Division Chiefs within a Center-wide framework that facilitates efficient and effective workflow process and a common vision team.

In the Center-wide reorganization, the duties and responsibilities of the Assistant Deputy Director, CHCQ, position are reassigned among five Center CEAs; thereby, eliminating the need for an Assistant Deputy Director. As a continual direct report to the CHCQ Deputy Director, the L&C Chief maintains independent decision-making responsibility for the areas under the incumbent's oversight. The Center is proposing organizational change to functionally align similar units under the same leadership. All of CHCQ's investigative teams will now fall under the same Branch of the Licensing and Certification Division, as will its healthcare workforce development oversight functions, and provider application processing teams.

This functional realignment of previously disconnected units will make L&C activities and decisions better coordinated and efficient, improving internal and external communication and assignment of resources. This change creates opportunities for implementation of technology and streamlined processes among similar types of work such as the medical breach, criminal background, & investigations unit. These functions are distinct from complaint investigations of health care facilities conducted by Field Office staff and thus need to be managed separately.

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 L&C Chief is the principle decision-maker for policy decisions on operationalizing workload priorities for the L&C Division. The incumbent is responsible for decisions on policy pertaining to investigative functions, operational efficiencies, emergency preparedness and standards for licensing and certifying health care facilities, agencies, and providers. This includes how investigations are completed to comply with State and federal requirements, the adoption and implementation of tools and software solutions for improved timeliness, thoroughness and standardization. Decisions at this level are critical to the Center's ability to complete investigations and implement processes and procedures that protect access to health care and the health and safety of residents and visitors of health care providers in California. These decisions provide consistency in monitoring facility and healthcare staff's compliance with regulatory and statutory mandates that are in place for patient safety. Mismanagement of these resources and priorities can leave health care facilities/provider agencies and their staff unregulated, which may place patients at risk of harm or death.

The world is potentially facing a pandemic due to the spread of the Coronavirus. The first US Coronavirus of unknown origin was confirmed in California and its the first case of presumed community spread of the virus. The L&C Chief is responsible for leading efforts to ensure health facilities and provider agencies are aware of proper protocols to handle confirmed and potential cases, and activating evacuation/quarantine measures, as needed. The Chief L&C is responsible for directing surveying efforts of treatment facilities to ensure proper measures are in-place to safeguard anyone with indirect or direct contact with the infected patient, including medical staff, family members, and first responders. The L&C Chief serves as a liaison with federal and State departments to ensure proper communication and coordination of evacuations and re-populations of health facilities, and is responsible for activating measures to keep the public safe. Evaluations of patients can cause overcrowding at operations facilities, potentially leading to inadequate care. The Coronavirus, California wildfires, power disruptions, and other disasters have tremendous impact on the operations of healthcare facilities and the public in general. These incidents attract statewide, nationwide and worldwide attention. Failure to properly and timely address the crisis can lead to loss of public confidence, legislature inquiries, and the potential for loss of life.

CHCQ issues administrative penalties to facilities that breach patients' confidential medical information under HSC section 1280.15. The maximum penalty is \$250,000. The L&C Chief has ultimate authority when deciding to pursue or approve sanctions against individuals or healthcare facilities who have personally abridged medical privacy information and to assess penalties. The incumbent holds the policy authority to determine whether to approve investigations into facility activities, and when to issue monetary sanctions and/or refer individuals for criminal prosecution. Medical breaches can be intentional or unintentional and are publicly reported. The personal health information of a patient can be used to commit identity fraud and/or insurance fraud. This can impede the patient's ability to secure the care/treatment required to improve their health. Depending on the scale of the breach and the information involved, these situations may generate statewide attention and an immediate review the the Center's past investigations of facility medical breaches.

The L&C Chief oversees CAB which is responsible for reviewing applications for California Licensure and Federal Certification from new providers, determining whether a new facility is qualified for enrollment into state and federal programs for Medicare and Medicaid funding. CAB enforces sanctions against providers who fail to meet federal standards and processes applications for changes in service, ownership, and other changes to care by existing providers in a timely manner. The L&C Chief will have final authority to determine whether to deny health facility applications based on issues, such as applicant unresponsiveness or a history of noncompliance. The incumbent works alongside field operations to evaluate providers' ability to comply with State and federal requirements. CAB's ability to timely respond to applications has a direct impact on access to healthcare. Health facilities cannot operate unless CAB's approval is granted. The operations of CAB are under increased scrutiny by the Legislature and public due to a backlog of unprocessed applications. Delays in processing lead to prolonged delays in providers receiving approvals to provide health care and/or their patients' ability to access healthcare. The incumbent is responsible for developing tools and systems to eliminate paper applications, and facilitate faster application response times in compliance with State and federal requirements. The L&C Chief's decisions impact CAB's ability to improve efficiencies for providers to submit applications easily and receive timely responses to improve access to safe health care for all Californians and visitors.

C. ROLE IN POLICY INFLUENCE (continued)

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

The L&C Chief will serve as a member of the CHCQ executive leadership team. The incumbent will directly report to the Deputy Director and will exercise broad, independent judgment and decision-making authority with respect to policy development, and implementation, with a consequence of error that affects CDPH, local health jurisdictions, licensed health facilities, federal agencies, public stakeholders, and other state departments.

The L&C Chief has wide latitude to independently make decisions pertaining to the L&C Division's functions. The incumbent's decisions could result in terminations of training programs, individual certificate holders, and licensees' ability to perform business in California. When warranted, the incumbent's decisions could also result in criminal investigations by law enforcements. The L&C Chief will also make decisions that improve coordination between department and local offices when preparing for and responding to disasters. The incumbent will provide instruction, consultation, and guidance to facilities for disaster preparedness, helping them develop robust plans.

The L&C Chief serves as a subject matter expert informing the development of sensitive regulations packages regarding the training, certification, and background investigations of Certified Nursing Assistants, Home Health Agencies, and Certified Hemodialysis Techs. The incumbent's policy decisions around criminal clearance affect owners and direct care staff at Intermediate Care Facilities, owners, administrators, and fiscal officers of Home Health Agencies, and high-risk hospice providers who are often under public scrutiny.

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

The L&C Chief will both develop and implement new policy and interpret and implement existing policy. The incumbent develops and implements statutory policy by assisting in the development of regulations required to implement new legislation. The L&C Chief serves as a subject matter expert, contributing to legislative proposals that influence state statutory policy. Through process improvement work, the incumbent implements and develops internal policies for operational efficiency.

On an operational level, this position will oversee changes to how the Staffing Audits Section performs their audit work and develop new policies for how to perform work as CHCQ adopts electronic data capture technology. The L&C Chief will direct how SAS survey processes move forward with new technology and processes to audit nursing homes for compliance with direct care staffing requirements. The incumbent also develops and implements new processes to approve facility training curriculum in response to a recent statute requiring the department to offer on-line training for CNA programs.

The incumbent will shape policy and legislation by advising stakeholders, CDPH leadership, licensees, and legislative members on the impacts of proposed policies on California's healthcare workforce, facilities, investigators, and CHCQ's ability to complete criminal investigations and process applications in a timely manner. The CEA will also oversee fee development for Nursing Home Administrators.