

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

08/30/2019

2. Department

Health Care Services

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

Health Care Delivery Systems

4. CEA Position Title

Assistant Deputy Director, Integrated Systems, Health Care Delivery Systems

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

The Assistant Deputy Director (ADD) - Integrated Systems (IS), Health Care Delivery Systems (HCDS), will work collaboratively with the Deputy Director, HCDS, to assist with the oversight of the Integrated Systems of Care Division (ISCD), Department of Health Care Services (DHCS/Department). Specifically, the ADD-IS, HCDS, will provide leadership to formulate and administer policy development and implementation; develop and oversee the planning, delivery, coordination, and integration of ISCD's programs and services, within the context of the Medi-Cal program and its applicable delivery systems; direct and coordinate programs to ensure uniform program and policy development and maximum efficiency of program development and implementation in accordance with state and federal requirements and agreements; and, direct and evaluate the policy planning and development, along with the fiscal and ongoing performance management activities, within ISCD.

6. Reports to: (Class Title/Level)

Exempt, Deputy Director, Health Care Delivery Systems

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.

Under the administrative direction of the Deputy Director, HCDS, the ADD-IS, HCDS, assists in overseeing the planning, implementation, coordination, evaluation, and management of the Department's HCDS services, programs, and policies associated with ISCD. In addition to serving as a member of the DHCS Executive Management Team, the ADD-IS, HCDS, provides guidance to ISCD, which oversees numerous Medicaid waivers and specialty programs for children and adults. The ADD-IS, HCDS, serves as ADD to the Deputy Director, HCDS, on all issues associated with the responsibility of specialized ISCD programs and services, and may work directly with the California Health and Human Services Agency (CHHSA), legislative representatives, other state, local and federal representatives, members of the public, and the media.

The ADD-IS, HCDS, serves as an integral component in the formulation of policy to achieve the mission of the Department. To accomplish this mission, DHCS finances and administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal) to approximately 13.5 million beneficiaries. 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 ADD-IS, HCDS, provides day-to-day operational management of the HCDS Deputy Director's Office and indirect supervision of HCDS Deputy Director's Office staff in the work performed specific to ISCD programs and services. Specifically, the ADD-IS, HCDS:

- Advises and consults with the Deputy Director, HCDS, concerning issues of significant policy impact related to HCDS involving the transition and integration of ISCD's programs and services, including the California Children's Services (CCS) program and the Home and Community-Based Services (HCBS) Waiver programs, among others.
- Shares responsibility and work in collaboration with the Deputy Director, HCDS, in providing overall management of and guidance to the ISCD Chief, to ensure program/service compliance with the Department's mission as well as state and federal policies, procedures, rules, and regulations.
- Advises the Deputy Director, HCDS, and provides guidance to the ISCD Chief regarding new initiative development; policy development, implementation and oversight; changes or improvements to existing programs; new program development and implementation; budget development and oversight; and legislative issues.
- Reviews, edits, and approves on behalf of the Deputy Director, HCDS, any HCDS-related studies, reports, policy changes, legislative and budget proposals and analyses, and sensitive correspondence submitted by ISCD to ensure compliance with DHCS policies and mission, as well as existing state and federal laws and regulations.
- Assists the Deputy Director, HCDS, in representing DHCS during meetings with and presentations to public and private organizations, local/state/federal government officials, legislative representatives, and the media on HCDS issues surrounding ISCD programs and services.
- Oversees legislatively mandated engagement with stakeholders associated with ISCD's programs and services, during most phases of policy changes, planning, development, and implementation. This includes significant engagement with consumer advocates and state associations on policy changes involving their respective constituencies.

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' mission is to provide Californians with access to affordable, integrated, 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 13.5 million members receive health care services through Medi-Cal.

The ADD-IS, HCDS, will function as a member of the Executive Management Team, and under the administrative direction of the Deputy Director, HCDS, will serve as an integral component in assisting with the formulation and administration of policy to achieve the mission of DHCS, "to preserve and improve the health status of all Californians." To accomplish this mission, DHCS finances and administers statewide programs and services within and outside of the Medi-Cal program.

As the Single State Medicaid Agency, DHCS is responsible for the funding and administration, monitoring and oversight for all HCBS Waivers. DHCS currently partners with a number of sister departments under CHHSA, including the California Department of Public Health, California Department of Aging, Department of Developmental Services, and the California Department of Social Services, on seven HCBS Waivers: Acquired Immune Deficiency Syndrome Waiver; Home and Community Based Alternatives (HCBA) Waiver; Assisted Living Waiver; Multipurpose Senior Services Program Waiver; In-Home Operations; Self-Determination Waiver; and, HCBS for the Developmentally Disabled Waiver.

The HCBS Waivers are critical to DHCS' mission. HCBS Waivers allow states that participate in Medicaid to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. The services available under these HCBS Waivers include case management, community transition services, private duty nursing, family training, home health aides, life-sustaining utility reimbursement, habilitation services, and respite care. Medi-Cal has an agreement with the federal government, which allows for waiver services to be offered in either a home or community setting, wherein the services offered must cost no more than the alternative institutional level of care. In addition, recipients of HCBS Waivers must have full-scope Medi-Cal eligibility. Many beneficiaries, who are at risk of being placed in medical facilities, can be cared for in their homes and communities, preserving their independence and ties to family and friends. HCBS Waiver programs align with DHCS' mission as they seek to improve Medi-Cal beneficiaries' long-term health; improve their experience of care; and, reduce the per capita cost of health care.

The ADD-IS, HCDS, will have primary responsibility for policy development associated with California's seven HCBS Waivers. As policy relating to HCBS Waivers is quickly evolving and changing due to state and federal statutory and regulatory changes, the ADD-IS, HCDS, will serve as lead for DHCS to ensure that all activities associated with these policy changes are handled appropriately, across impacted sister departments and DHCS divisions, and in a timely manner.

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.

Many Medi-Cal beneficiaries require care from multiple health care delivery systems. As such, there is a growing need to look at the services DHCS provides and to integrate them utilizing broader delivery systems, while ensuring the Department is compliant with federal and state laws and regulations. Recent federal and state mandates have significantly expanded the responsibilities under the HCDS Deputy Director's Office. Planning and analysis have been underway and a significant amount of work must be/has been undertaken in reviewing, synthesizing, and analyzing federal regulations and policy guidance. Further, these changes, and others, have required DHCS to restructure its entire HCBS monitoring and oversight structure, requiring many policy decisions to be made along the way. The depth and breadth of HCDS policy development and oversight have become far too complex for an effective single-point-of-management by the Deputy Director, HCDS. The ADD-IS, HCDS, is critical to the executive management of the Deputy Director's, HCDS, span of control.

In January 2014, the Center for Medicare and Medicaid Services (CMS) issued Final Rules, or regulations, as part of the Affordable Care Act (ACA). The rules ensure that HCBS programs funded through Medicaid provide eligible persons with disabilities full access to the benefits of community living and offer them long-term services and supports in the most integrated settings of their choosing. Every state must develop a Statewide Transition Plan (STP) to describe how it will determine whether the HCBS programs are compliant with federal rules. California's STP describes all of the HCBS affected by these rules; the programs administered by each of the state departments; and, lists the types of providers that provide services. DHCS worked with sister departments, stakeholders, and other entities to develop the STP. On February 23, 2018, CMS granted DHCS with initial approval of its STP to bring HCBS settings into compliance with the federal HCBS regulations, 42 Code of Federal Regulations (CFR) Section 441.301(c)(4)(5), and Section 441.710(a)(1)(2). The ADD-IS, HCDS, will be responsible for leading these work efforts and making policy decisions related to the implementation of remediation strategies to ensure HCBS programs are in compliance with federal rules. As DHCS is committed to working with CHHSA departments and stakeholders throughout the transition period and final approval of the STP, the ADD-IS, HCDS, will represent DHCS in these meetings. In addition, the ADD-IS, HCDS, will reset priorities as needed and report back to the Deputy Director, HCDS, as appropriate.

Most recently, Executive Order N-14-19, was signed by Governor Gavin Newsom on June 10, 2019, calling for the creation of a Master Plan for Aging (Master Plan), as California's over-65 population is projected to grow to 8.6 million by 2030, an increase of four million older Californians. The Master Plan, which is to be completed by October 1, 2020, will serve as a blueprint that can be used by state government, local communities, private organizations and philanthropy to build environments that promote health aging and prepare the state for coming demographic changes. The demographic shift will create the need for policy and other changes, and a recognition that local communities and private sector have a critical role in preparing for future demographic changes by building capacity to support an aging population. The Executive Order requires the Secretary, CHHSA, to convene a Cabinet-level Workgroup for Aging to advise the Secretary in developing and issuing a Master Plan. It is further ordered that CHHSA, in consultation with other state agencies, convene a Master Plan for Aging Stakeholder Advisory Committee. The ADD-IS, HCDS, will assist the Deputy Director, HCDS, in overseeing the necessary policy changes as the Master Plan will have a significant impact on the HCBS Waiver programs. This will require DHCS to coordinate with sister departments in the development of a plan to ensure successful health care delivery to this special population. Further, the ADD-IS, HCDS, will be responsible in partnering with other state departments and the Master Plan for Aging Stakeholder Advisory Committee, to provide advice and input to the Administration on the development of the Master Plan.

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 following are examples of policy areas that the ADD-IS, HCDS, will serve as a principal policy maker.

CCS – Whole Child Model (WCM) - CCS is a statewide program providing medically necessary services for children (up to the age of 21 years old) with certain diseases or health problems. CCS connects beneficiaries with doctors and trained health care staff who know how to care for children with special health care needs. Senate Bill 586 authorized DHCS to establish the WCM program in designated County Organized Health System or Regional Health Authority counties to incorporate CCS program covered services for Medi-Cal eligible CCS children and youth into a Medi-Cal managed care plan (MCP) contract. DHCS has developed a WCM to be implemented in 21 specified counties. The benefits of the WCM for beneficiaries are improved care coordination for primary, specialty, and behavioral health services for CCS and non-CCS conditions; care that is consistent with CCS program standards and provided by CCS paneled providers, specialty care centers, and pediatric acute care hospitals; and, increased consumer protections, such as continuity of care, oversight of network adequacy standards and quality performance. In all other counties, CCS will continue to be implemented by the county in partnership with DHCS.

The ADD-IS, HCDS, will be responsible for leading work related to CCS and WCM efforts relating to counties including making key policy decisions. These decisions will have both budgetary and fiscal implications as well. In addition, the ADD-IS, HCDS, will oversee and establish policy concerning the integration and coordination of care of the beneficiaries into the MCPs, ensuring beneficiaries still receive care in accordance with CCS requirements and standards. Public scrutiny of these changes and the integration of this special population into MCPs will be significant. The ADD-IS, HCDS, will respond to all public inquiries including those made by the legislature, media, and stakeholders and advocates. Further, the ADD-IS, HCDS, will represent DHCS at the statewide CCS Advisory Group, which the Department is required to consult with stakeholders concerning their recommendations on the implementation of the WCM program.

HCBA Waiver: The HCBA Waiver (formerly the Nursing Facility/Acute Hospital Waiver) was approved by CMS on May 16, 2017. Medicaid's HCBS Waiver programs, including the HCBA Waiver, are authorized under Section 1915(c) of the Social Security Act; governed by Title 42, CFR; and, administered by CMS. The HCBA Waiver provides care management services to persons at risk for nursing home or institutional placement. In August 2018, DHCS implemented a new HCBS Waiver structure for its HCBA Waiver. The HCBA Waiver provides care management services to persons at risk for nursing home or institutional placement. The care management services are provided by a multidisciplinary care team comprised of a nurse and social worker. The care management team coordinates Waiver and State Plan services (e.g., medical, behavioral health, In-Home Supportive Services, etc.), and arranges for other available long term services and supports available in the local community. Care management and waiver services are provided in the participant's community-based residence. Implementation of the HCBA Waiver changed the structure of the waiver from a state-operated waiver to one under which waiver agencies organize care for waiver participants. This new structure covers almost one-hundred percent of the state. The HCBA Waiver will enhance the overall quality of care for Medi-Cal beneficiaries as they can be cared for in their homes and communities, preserving their independence and ties to family and friends; therefore, improving Medi-Cal beneficiaries' long-term health; improving their experience of care; and, reducing the per capita cost of health care.

The ADD-IS, HCDS, will lead work efforts relating to the HCBA Waiver including making key policy decisions, and ensure that all activities associated with these policy changes are handled appropriately and in a timely manner. Further, significant interest in implementation of the HCBA Waiver by the legislature, media, and stakeholders and advocates exist statewide. The ADD-IS, HCDS, will be responsible to respond to all public inquiries.

STP: In January 2014, CMS issued a Final Rule, or regulation, as part of the ACA. The rule ensures that all HCBS programs funded through Medicaid provide eligible persons with disabilities full access to the benefits of community living and offers them long-term services and support in the most integrated settings of their choosing. Every state must develop a STP to describe how it will determine whether HCBS programs are compliant with the federal rules. California's STP describes all of the HCBS programs affected by these rules; the programs administered by each of the state departments; and, lists the types of providers that provide services. DHCS has worked with sister departments, stakeholders, and other entities to develop the STP. On February 23, 2018, CMS granted DHCS with initial approval of its STP to bring HCBS settings into compliance with the federal HCBS regulations. DHCS is committed to working with partner agencies and stakeholders throughout the transition period.

The ADD-IS, HCDS, will be responsible for leading these work efforts and making policy decisions relating to the implementation of remediation strategies to ensure HCBS programs are in compliance with federal rules. As DHCS is committed to working with sister departments and stakeholders throughout the transition period and final approval of the STP, the ADD-IS, HCDS, will represent DHCS in these meetings. In addition, the ADD-IS, HCDS, will reset priorities as needed and report back to the Deputy Director, HCDS, as appropriate.

C. ROLE IN POLICY INFLUENCE (continued)

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

Under the administrative direction of the Deputy Director, HCDS, the ADD-IS, HCDS, will assist in overseeing the planning, implementation, coordination, evaluation, and management of the Department's HCDS specific to ISCD services, programs, and policies.

The policy work of the ADD-IS, HCDS, is very diverse and ranges in terms of complexity, sensitivity, and constituent impact including that of providers, legislators and/or their staff, representatives of county/state/federal governments, industry representatives, special interest and advocacy groups, and other high-level officials. A critical area of policy work includes access to health care services for groups of a sensitive and highly politicized nature (e.g., CCS and Genetically Handicapped Persons Program [GHPP]). Because of the far-reaching impacts of these policies, it is imperative that policy decisions are consistent with applicable state and federal requirements and regulations; and, that policies are informed with input from key external parties, such as health care advocates, consumer advocates, and county partners.

One major area the ADD-IS, HCDS, will have primary responsibility for is policy development associated with California's HCBS Waivers. HCBS Waivers allow states that participate in Medicaid to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. Medi-Cal has an agreement with the federal government, which allows for waiver services to be offered in either a home or community setting. The services offered under the waiver must cost no more than the alternative institutional level of care. The ADD-IS, HCDS, will serve as a lead for DHCS for all work associated with the HCBS Waivers, including making key policy decisions and ensuring all activities associated with these policy changes are handled appropriately and in a timely manner.

As a member of the DHCS Executive Management Team, the ADD-IS, HCDS, will also serve as a liaison to federal and state partner agencies on HCDS issues, and will provide focused, high-level leadership within the state administrative structure. The ADD-IS, HCDS, will oversee engagement with multiple stakeholder groups regarding policy planning, development, and implementation involving the integration of services provided by ISCD programs and the delivery of those services through MCPs. The ADD-IS, HCDS, will direct DHCS' effort to work with external stakeholders, other state departments, and consumer health advocates who will advise DHCS on policy development associated with HCDS issues.

The decisions made by the ADD-IS, HCDS, 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 HCDS. 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 effect the given policy. To the extent such decisions are not fully informed, misguided decisions can result in negative budgetary impact for the Department, and may subject the Department to litigation and further oversight by state and federal control agencies.

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 HCDS changes, the ADD-IS, HCDS, will oversee several work group efforts, including the CCS Advisory Group, the Master Plan for Aging Stakeholder Advisory Committee, the Child Health and Disability Program Executive Committee, and Neonatal Intensive Care Unit and Pediatric Intensive Care Unit Technical Advisory Groups, among others.

The policy work of the ADD-IS, HCDS, 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 ADD-IS, HCDS. Examples of policy areas that the ADD-IS, HCDS, will have responsibility for include STP, HCBS Waivers, GHPP, CCS, and a myriad of other new and existing policies that are under varying stages of implementation. 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 HCDS requirements resulting from new federal rules, the ADD-IS, HCDS, will continue to work to develop effective strategies for meeting with and engaging key stakeholders and providers in developing policies and procedures for the required changes. This effort, performed in concert with the overall departmental stakeholder process, will help to decrease stakeholder criticism of enacted policies and will result in increased transparency and active engagement of stakeholders in the development of the new HCDS policies. These efforts include having pre-meetings with key consumer advocates and/or providers to prepare meeting agendas, identifying actions and timelines to address identified issues; and, determining the responsible party for the needed follow-up. The ADD-IS, HCDS, will leverage similar stakeholder engagement processes for the aforementioned new policy areas.