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

2023-01-03

2. Department

Department of Health Care Services

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

Quality and Population Health Management

4. CEA Position Title

Chief, Quality and Health Equity Division

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

The Career Executive Assignment (CEA) Chief, Quality and Health Equity Division (QHED) will oversee all health care clinical quality functions of the Department of Health Care Services (DHCS/Department), lead health equity efforts, and coordinate with other areas within the Department, other departments, county partners, and external stakeholders to achieve our goal of equitable, high-quality care in Medi-Cal. The Chief, QHED, will serve as the policy lead for DHCS clinical quality initiatives, quality and equity assurance, monitoring, performance improvement activities, and program evaluation activities including within the California Advancing and Innovating Medi-Cal (CalAIM). In addition, the Chief, QHED, will lead design, implementation, and monitoring of the plan for Value Based Payment (VBP). The VBP will align performance outcomes and reimbursement mechanisms to increase the quality and equity of services. The Chief, QHED, will be responsible for overall policy for all quality improvement activities as well as quality assurance activities (compliance/monitoring), including federally-required oversight, across all delivery systems: dental, managed care, behavioral health, fee-for-service, and other programs.

6. Reports to: (*Class Title/Level*)

Deputy Director, Quality and Population Health Management

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 general direction of the Deputy Director (DD), the Chief, is responsible for DHCS clinical quality and health equity initiatives, program evaluation, including within the CalAIM; quality and equity outcomes, quality assurance and performance improvement activities across all DHCS programs and delivery systems.

Specifically, the Chief, will be responsible for overall policy for quality and equity improvement activities as well as quality and equity assurance activities (compliance/monitoring), including federally required oversight across all delivery systems: dental, managed care, behavioral health, fee for service and other programs and will create policy on how quality and equity are measured, monitored and reported to stakeholders and CMS. The Chief, will create policy on how managed care entities (across delivery systems) conduct performance improvement activities in accordance with CMS 42CFR requirements, including populations under CalAIM such as long-term care.

The Chief, has a key leadership role designing, implementing, and monitoring VBP programs for the state's Medi-Cal programs and provide statewide policy and fiscal recommendations in collaboration with the Health Care Financing Division. The Chief will develop and oversee policy to tie quality and health equity outcomes to payment mechanisms and increase accountability. The payment reform and increased accountability will improve outcomes for the approximately 14 million members across the state who will receive care through the Managed Care delivery system.

The Chief will provide strategic direction regarding health care quality improvement and health equity initiatives at DHCS. The Chief will lead the implementation of the Health Equity Roadmap (HER), incorporate health equity into VBP programs and quality assurance and performance improvement activities. The Chief will implement policies to ensure all programs identify and mitigate health care disparities and promote social determinants of health.

For functions described above, the Chief will be required to collaborate with other state Departments, including, but not limited to California Department of Public Health (CalPERs), Department of Health Care Access and Information, and Covered California to align and collaborate on quality and health equity efforts. The Chief will be the lead for external stakeholder engagement with county partners, managed care plans, providers, advocacy groups, and others to inform quality, health equity and value-based payment efforts throughout California.

The Chief will provide leadership, management and oversight to department employees. The Chief will direct all administrative functions, including but not limited to budgets, contracts, and procurement for the implementation of services and directives and decisions relating to administrative and support operations for QHED.

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 is the single state agency responsible for the administration of California's Medicaid program, known as Medi-Cal, which provides health care for nearly 14 million beneficiaries. Medi-Cal is the largest Medicaid program in the nation and administers care to low-income, disabled, and vulnerable Californians through many different delivery systems and individual programs to meet the needs of beneficiaries. The DHCS mission is to provide Californians with access to affordable, integrated, high- quality health care, including medical, dental, mental health, substance use treatment services, Home and Community Based Services and social services.

The Chief of QHED is critical to achieving the DHCS vision for quality and equity across DHCS programs, and the key contact for quality and health equity-related activities in CalAIM. In addition, DHCS recently undertook a re-procurement of all commercial Medi-Cal Managed Care Plans and will implement new managed care contracts for all plans in 2024 that place new emphasis on quality and health equity activities. The Chief, QHED, is critical to lead policy that supports short and long-term goals for quality and health equity assurance and improvement, as well as effective monitoring strategies of these new contracts.

In addition, Health Equity Roadmap (HER) and Health Equity Dashboard initiatives will require the Chief to lead significant new Medi-Cal policy and take part in sensitive stakeholder engagement to ensure success, and reduce health disparities, and improve the quality of care. There is current significant medical and legislative interest in numerous DHCS initiatives including CalAIM and the MCMC Plan procurement, and recent audits and external policy briefs found gaps in the DHCS approach to quality and accountability. The Chief position will lead to response to these key inquiries and ensure effective policy approaches to address known gaps.

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.

DHCS is innovating and transforming the Medi-Cal delivery system. CaAIM is a multi-year transformation of the Medi-Cal program. As described, both CalAIM and the recent managed care plan re-procurement efforts are centered around improving quality and health equity outcomes, a shared goal with the state legislature and executive branches of state government.

While DHCS has long aimed to provide high-quality, population-level care, it recognizes that its previous decentralized quality infrastructure was insufficient to meet this challenge and resulted in lack of standardized approaches to quality assurance and performance improvement across programs. A significant deficiency was the lack of a single executive to lead the DHCS quality and equity strategy. To address this, DHCS recently restructured its Medi-Cal program to elevate, prioritize and integrate quality and health equity functions across all DHCS programs. This led to the creation of a centralized QPHM program led by the new DD and Assistant Deputy Director (ADD). The adopted FY 2022-23 Budget Act added positions to build out its two divisions and hire appropriate leadership and management roles in the QPHM program. The high profile and complicated policy work required to develop and implement quality and health equity assurance policies and activities are required by the CMS. The Chief will develop policies governing quality and health equity improvement activities, oversee value-based payment programs, the new Skilled Nursing Facility Workforce and Quality Improvement Program (SNF WQIP) and Health Equity and Transformation Payments programs. The centralized External Quality Review Organization (EQRO) functions, as required by CMS, requires a CEA level leader to serve as the QHED Chief. In the absence of this position, there is no appropriate leader to supervise the program level staff and managers who oversee implementing policy and program. The Chief will need to oversee the policy development and implementation of all activities.

Given the significant medical and legislative interest in numerous DHCS initiatives tied to quality and health equity, including the MCMC re-procurement and CalAIM, as well as recent audits and external policy briefs that have found gaps in DHCS' approach to quality and accountability for high quality care, the need for dedicated Quality and Health Equity functions are critical. The significant new quality and health equity initiatives that DHCS is undertaking in the next three years (especially with additional initiatives funded through the 2021-2022 budget and 2022-2023 budget), require dedicated resources and program planning to ensure the success of these programs. The Chief will develop policies to establish the program infrastructure and program capacity.

To achieve the Department's vision and outcomes, the adopted FY 2022-23 Budget Act includes resources to establish the QHED, led by a CEA level Division Chief for QPHM.

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 a part of CalAIM and the new MCMC contracts going into effect in 2024, there is significant existing and new policy work on quality and health equity efforts to be done.

The Chief leads the policy development, implementation, monitoring, and evaluation of for quality and health equity management and improvement efforts across all DHCS clinical programs spanning, health care, dental, mental health, substance use, home and community-based services, and social services. Guided by the DHCS Comprehensive Quality Strategy, the Chief will direct and oversee quality assessment and performance improvement activities to improve quality of care and health outcomes for members to eliminate racial, ethnic, and other disparities. The Chief is responsible for overall policy for quality improvement and quality assurance activities; federally required oversight activities around quality improvement and quality assurance; and program policy around data reporting and data dashboards.

The Chief will design, implement, and monitor DHCS approach to achieve the plan for VBP, which aims to increasingly tie payment (through managed care capitated rate adjustments, new managed care incentive programs and new directed payment programs) to quality and health equity outcomes. While DHCS historically ran a number of these programs, including the Quality Incentive Payment Pool Program for public and district hospitals, there are numerous new initiatives planned for 2022-2024, including overseeing the newly funded Skilled Nursing Facility (SNF) Workforce & Quality Improvement Program (WQIP) and Health Equity and Transformation Payment Programs. The complex nature of this policy development requires a deep understanding of financial reimbursement mechanisms, CMS approval pathways, and best practices in clinical quality measure selection and incentive structures. The Chief will oversee efforts to ensure alignment of VBP and performance incentive programs with overall quality and health equity priority areas, provide technical expertise on design and implementation of VBP to drive quality and equity outcomes, implement and oversee all quality and operational components of incentive and VBP programs.

The Chief will lead Quality Assessment efforts across DHCS programs, including quality and health equity measurement and monitoring and program evaluation. Given the significant number of evaluations required as a part of the CalAIM waiver special terms and conditions required by CMS, CEA involvement will be critical. The CEA will create policy and set clinical standards for quality and equity measurement, monitoring and reporting across programs; monitor clinical and health equity outcomes across programs, including proactive monitoring of key performance indicators; work directly with managed care programs on Corrective Action Plans (CAP) and sanctions for quality related topics; and implement recommendations from program evaluations for continuous improvement of clinical findings, including waiver evaluations. As a part of CalAIM efforts to standardize managed care oversight activities, the Chief will be responsible for the centralized and consolidated External Quality Review Organization (EQRO) oversight contract and ensure alignment of EQRO activities with the DHCS quality and health equity strategy and federal requirements. The Chief will coordinate internally with the Enterprise Data and Information Management (EDIM) program to develop data dashboard and data reporting policy to ensure compliance with regulatory agencies and fulfill stakeholder interests.

The Chief will coordinate internally with the HCSD program to develop and implement DHCS' HER with stakeholder engagement. Identify program-specific disparities and work with programs to develop and implement quality improvement efforts to reduce health disparities across managed care, fee-for-service, behavioral health, dental, and other programs. Lead clinical quality & health equity performance improvement activities to advance DHCS' Bold Goals 50x2025 Initiative to improve children's preventive care, behavioral health integration, and maternity care, with a particular focus on achieving health equity within these domains. The Chief will create policy on how all managed care entities across DHCS programs conduct performance improvement activities in accordance with CMS 42CFR requirements residence.

The Chief will work collaboratively with DHCS divisions (e.g., Data Management and Analytics Division, Business Operations Technology Services Division, and Information Security Office) to support data analytics in the development and reporting of risk stratification, quality metrics and other measures, social determinants of health, and population health analytics. The Chief will utilize this data to design, implementation, and monitoring policy in the efforts of advancing the California HER and Comprehensive Quality and Equity Strategic Plan.

C. ROLE IN POLICY INFLUENCE (continued)

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

The Chief will have authority over day-to-day operations of the QHED program areas and commitments related to programs under their purview. The authority level for this position exceeds that of senior management levels and has full authority to make policy decisions with statewide impact.

More specifically, the Chief will consult and inform the DD, DHCS Director's Office, as well as other key department partners, including Department of Public Health, Department of Social Services, and the Department of Developmental Services, CalPERs, Department of Health Care Access and Information, and Covered California on key departmental efforts and decisions. The Chief will represent the department publicly and oversee a large project management portfolio aligned with the department's strategic objectives. The Chief will provide high level recommendations and analysis on sensitive policy, political, or legislative issues to the DD, Director and beyond. The Chief will advise and direct staff that provide analysis of legislation that affects division programs.

The Chief is responsible for overall policy for all quality improvement and quality assurance activities; federally required oversight activities around quality improvement and quality assurance; and program policy around data reporting and data dashboards and will provide high level recommendations and analysis on sensitive policy, political, or legislative issues to the DD, Director and beyond. The Chief is responsible for policy implementation across DHCS divisions and will assess policy and program outcomes throughout the state and direct staff on policy analyses of legislation that affect division programs.

The Chief will develop project management capacity within the division and make high level policy decisions by working across functional groups to ensure compliance with new or existing legislative, regulatory and policy directives. This includes developing adequate process workflows, adjusting workload levels, developing, and implementing performance metrics, and communicating management expectations to staff. The Chief will oversee personnel matters and other administrative functions as necessary.

The Chief will oversee the planning, development, coordination, and management of QHED services, programs, and policies. The Chief's decision-making authority includes making final decisions on operational policy matters that affect the QHED and/or impact Medi-Cal and other DHCS health care programs, providers, and recipients regarding health equity. These policy decisions have significant fiscal implications and must be accounted for in the DHCS budgeting process. Policy decisions must weigh the extent to which legislative authority is needed. To the extent such decisions are not fully informed, misguided decisions can result with negative budgetary impact 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?

The Chief will lead policy development and implementation for both new and existing programmatic areas. The new policies originate from state and federal statutory and/or regulatory changes, changes in DHCS programs and/or in their business needs. The Chief will work with Medi-Cal and other DHCS programs, county partners, stakeholders and interested parties, to develop and implement policies that will best serve the needs of the Department's programs, beneficiaries, and provider community.

The Chief will develop policy and lead programs and coordinate the QHED to ensure DHCS programs do not inadvertently worsen healthcare disparities and leverage policy opportunities to address inequity. Further, the CEA, will create new policy that will help achieve the Legislature and Administration's goals of reducing healthcare disparities and address new quality monitoring and oversight activities for populations newly carved into managed care under CalAIM.