

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

July 10, 2025

2. Department

Department of Developmental Services

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

Program Services / Service Innovation and Oversight Division

4. CEA Position Title

Deputy Director, Service Innovation and Oversight Division

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

The Department of Developmental Services (Department) proposes to make major changes to the current Deputy Director, Policy and Program Development position and to be retitled to Deputy Director, Service Innovation and Oversight Division (DD, SIOD). The DD, SIOD is responsible for providing strategic direction and formulating and implementing broad statewide policies for the Home and Community-Based Services (HCBS) Program including Electronic Visit Verification (EVV), Workforce Development Program, Deaf Access Services Program, and Coordinated Family Support (CFS) Services Program. These program policies, new program development and monitoring activities increase the capacity, compliance, and quality of services delivered by the 21 Regional Centers (RCs) and community service providers for persons with intellectual and developmental disabilities (IDD) in California in support of the Lanterman Developmental Disabilities Services Act (Lanterman Act) and the Department's mission.

6. Reports to: (Class Title/Level)

Chief Deputy Director, Program Services / 2nd organizational level

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.**

Provide strategic direction and develop and implement policies and oversee program development for Workforce Development initiatives that support the developmental disabilities services system serving individuals with IDD. Formulate the strategy and policy components of the Workforce Development Program to improve the workforce development and qualifications of direct service professionals (DSPs) and to promote equity in access to services to meet the diverse needs of individuals served and their families. Ensure that policies and initiatives encompass and support the broader continuum of workforce initiatives that include DSP University, Workforce Training and Development and Bilingual Pay Differentials. Oversee program implementation by the Department, RCs, and contractor(s) and coordinate policy and implementation with other Department divisions. Develop methods to identify issues/barriers to successful implementation and work with RCs, community providers, and other Department divisions for timely resolution of programmatic issues as they arise. Oversee the establishment and ongoing maintenance of a statewide system of monitoring protocols for the Workforce Development Program initiatives including the provision of technical assistance and processes for remediation of issues.

Provide strategic direction and develop and implement policies and oversee the implementation of programs, systems, and processes to ensure the Department, RCs, and community service providers are in full compliance with HCBS Waivers and the State Plan Amendments (SPA) to maximize and maintain federal reimbursements. Oversee the policy development for directives to RCs and community providers on implementation of new and changing Waiver/SPA requirements and for monitoring RCs and community service providers. Oversee the provision of needed technical assistance and training to RCs and community providers on implementing effective HCBS Waiver/SPA compliance measures and processes for new and evolving guidance from the federal Centers of Medicare and Medicaid (CMS). Oversee the development of data analytics and tracking systems to provide relevant data and information to monitor compliance measures for remedial actions and to keep the Directorate informed of critical policy issues. Provide leadership to the Department executive management team on on-going efforts to remain in compliance with federal and state laws and regulations including HCBS settings that must be integrated and support full access of individuals into the greater community. Provide leadership and coordination with the Department's executive management team in the development and implementation of policies, initiatives, and other activities for a transition plan to ensure the Department's programs, RCs, and community service providers reach and maintain compliance with the HCBS Access Rule on a timely basis. Develop policies and oversee implementation of EVV for all RC HCBS personal care services and home health care services that require an in-home visit by a provider for compliance with the federal 21st Century Cures Act.

Provide strategic direction and executive level leadership to support the Deaf Access Specialist on the expansion of culturally and linguistically sensitive services and supports for individuals who are deaf and have IDD (referred to as Deaf+). Inform the Directorate on current and future policy, operational directives, legislative and fiscal issues, and laws and regulations. Oversee the technical consultation on innovative methods of service delivery and recommended solutions to improve access and services and supports to individuals. Coordinate the Deaf Access policies and activities with other Department divisions including Service Access and Equity and with RCs and community service providers. Oversee the development of policies, resources, training, and supports consistent with communication and access requirements under Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, Civil Rights of Institutionalized Persons Act, California disability rights law, and other federal and state statutes and regulations.

Provide strategic direction and develop and implement policies and oversee the implementation for the CFS Services Program to improve the support for individuals with IDD who reside in the family home that are tailored to the unique needs of the individual and are respectful of the language, ethnicity, and culture of the family home. Develop policies to identify options for new service description(s) to be provided in the family home, Lanterman Act law changes, and new regulations. Oversee the review and reporting on the standardized CFS implementation reporting by community service providers to determine if eligible for incentive payments. Oversee the gathering and analyzing of data and program outcomes from RCs, community service providers, and individuals served and their families in the monitoring and evaluation of the CFS Services Program and make policy recommendations for the Directorate on needed Program and operational changes.

Develop and maintain cooperative relationships and represent the Department and Division before community partners, RCs, other state departments, the public, and the Legislature. Lead engagements with RCs, disability advocates, and other community partners to discuss and vet policy considerations and implementation strategies for the division programs including the new HCBS Access Rule. Identify and inform the Directorate and executive management on issues, trends, and opportunities for systemic change identified from the division's programs and functions. Make policy recommendations to the Directorate and executive management team on changes to relevant laws, regulations, policies, practices, and other actions to improve the Service Innovation and Oversight of Department and RC programs and services.

**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 Department's mission is to provide quality services to the people of California and assure the opportunity for individuals with IDD to exercise their right to make choices and lead independent, productive lives as members of their communities in the least restrictive setting possible. Under the Lanterman Act, the Department contracts with 21 non-profit RCs statewide and oversees the coordination and delivery of services and supports at the local level to over 465,000 individuals with IDD throughout their lifetime. The Department has a total annual budget of over \$18 billion including over \$5 billion provided by federal reimbursements through two HCBS Waivers and a SPA authorized pursuant to Sections 1915(c) and 1915(i) of the Social Security Act.

The developmental disabilities service system sustainability in California is dependent on continued receipt of federal reimbursements, as approximately 80% of the individuals served are eligible for Medicaid (Medi-Cal in California) and a significant portion of the services individuals receive are eligible for Medi-Cal. California is the only state in the nation that services for individuals with IDD have been deemed as an entitlement meaning that individuals will be supported in the least restrictive environment as a "civil right" and an individual entitlement. Without the entitlement, individuals with IDD in California could be subject to waiting lists for services if there are insufficient state resources and other reductions of services. In addition to federal funding providing for system sustainability, compliance with the HCBS Waiver/SPA conditions of participation (e.g., person-centered planning, facilitation of the individual's choice, their individual satisfaction, etc.) support quality services and optimal outcomes for individuals consistent with the Lanterman Act and the Department's mission.

Service providers are a critical partner in the developmental services system. Service providers provide direct support through an array of services, to include in-home, out-of-home, and residential services. The RC system contracts with community service providers who employ approximately 120,000 DSPs who provide direct services to serve the needs of individuals with IDD. DSPs provide a wide array of critical home and community-based, health-related services including personal care, activities of daily living, and access to health services. The DSPs are the backbone of the developmental services system, providing the services necessary to allow individuals to safely reside in the community and in accordance with their choices. Despite the essential nature of the services provided by DSPs, workforce capacity is a growing concern. The Workforce Development Program initiatives will recruit new DSPs; incentivize DSPs to remain in the field and obtain training that will enhance their knowledge, skills and abilities, thereby improving the overall individual experience; building a larger, and a well-trained workforce with a career advancement pipeline that begins with recruitment and culminates with the opportunity to pursue an advanced degree. These initiatives will build a more sustainable service delivery system and improve individual and family experience in support of the Department's mission.

Further, in support of the Department's mission, the Deaf Access Services Program will improve access to services for individuals with IDD who are Deaf so that they understand their choices to make informed decisions, and that they are not isolated from social interaction or denied the opportunity to communicate and meaningfully engage in the community.

## **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.

The Department has experienced unprecedented growth and operational complexity over the past several years, driven by significant budget and program expansion, new initiatives, and evolving federal and state policy requirements. The Department's budget has grown 100% in the last five years from \$8 billion in the 2019-20 Fiscal Year (FY) to \$16 billion in the 2024-25 FY and Headquarters' position authority has grown 41% from 504 positions in the 2019-20 FY to 708 positions in the 2024-25 FY. During the last two years there have been over 70 new initiatives started in the Department requiring significant program policy development and implementation. Several of the major new initiatives are of great interest to the Governor's Office, Legislature, and the developmental disabilities services community. To successfully execute these initiatives executive level policy and management workload needs to be rebalanced at the chief deputy and deputy director levels across the Department. The specific changes that make this major concept change necessary for the DD, SIOD include, but are not limited to, the following.

The Self-Determination Program moved out of SIOD to Community Assistance and Development to rebalance policy and management workload. The Deaf Access Services Program is being moved from the Access and Equity Division to the SIOD to provide greater alignment with the Workforce Development Program to address longstanding concerns by the deaf community and advocates that the Department programs do not provide equal access to programs, services, activities, and opportunities for the Deaf + community in accordance with longstanding federal civil rights laws. Being in closer alignment with the Workforce Development Program will provide enhanced policies and activities to increase the number of deaf DSPs, availability of American Sign Language interpreters with experience in developmental disabilities, and availability of providers with experience working with individuals who have developmental disabilities and who are deaf.

In 2014, the CMS published HCBS Final Rule (42 CFR §§ 441.301(c)(4)-(5) and 441.710(a)(1).) that requires states to ensure that any Medicaid-funded HCBS services promote person-centered planning, individual choice, and increased independence and are provided in the most integrated setting possible. The rule, originally set to take effect in 2019, was pushed back to 2024. The Department and RCs received additional resources in the 2023 FY Budget Act for ongoing monitoring to verify continued compliance and other activities necessary to effectuate continued alignment with the HCBS Final Rule on integrated settings.

In April 2024 CMS released the Ensuring Access to Medicaid Services Final Rule (CMS-2442-F) mandating states to meet specific regulations relating to the administration of their Section 1915 federal authorities, with significant impact to the Department's HCBS Waiver/SPA programs. The HCBS Access Rule includes significant changes to the conditions of participation for HCBS Waivers/SPA to ensure beneficiaries can access covered services. The effective dates of these requirements began in July 2024, with new requirements relating to rate changes, and other requirements being phased-in through 2032. Beginning in 2026, the Department will have additional phased-in federal reporting requirements for certain quality measures and in 2027, the Department will need to meet new website transparency requirements and will be required to have completed updates to its processes for the management of critical incidents. This CEA will provide leadership and coordination for the development and implementation of policies, initiatives, and other activities to ensure the Department's programs, RCs, and community service providers reach and maintain compliance with the HCBS Access Rule on a timely basis.

This CEA position developed and implemented program and operational policies to establish the CFS Services Pilot Program authorized in the 2021 Budget Act to improve service equity for adults who live with their family and to provide individual supports at home similar to supported living services provided outside the family home (Welfare and Institutions Code (WIC) Section 4688.06). The CFS Services Pilot Program was successful and is now offered as a service on a statewide basis to assist individuals and their families to coordinate and schedule the services required that allow adults to continue living in their family home.

The Budget Acts of 2021 and 2022 included several multi-faceted long-term investments with a cost of over \$200 million necessary to retain, restore, and support the front-line workforce and provided resources for an expanded Workforce Development Program under the leadership of this CEA. Trailer bill language to the 2024 Budget Act (Senate Bill 162) amended WIC Section 4699.3 to allow the Department to administer an entry-level training and internship program for individuals interested in becoming DSPs.

The EVV Program under the leadership and policy direction of this CEA received resources in the 2023 Budget Act and additional resources are proposed for the 2025 Budget Act to implement EVV for all RC HCBS personal care services and home health care services that require an in-home visit by a provider for compliance with the federal 21st Century Cures Act to advance electronic health records and improve quality of care. The Department is required to demonstrate all community providers serving individuals served by the Department are compliant with the 21st Century Cures Act to maintain enhanced federal funding for services across California. This CEA will be the primary policy maker for all activities to achieve full compliance and for ongoing compliance including monitoring and oversight of RCs and providers and for remediation plans to bring non-compliant providers into compliance.

### 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 examples below all have a statewide impact on the Service Innovation and Oversight of the Department's programs to provide quality services for over 465,000 individuals served in support of the Department's Mission.

**CFS Services Program** - The 2021 FY Budget Act authorized a CFS Pilot Program for a new service for families similar to supported living services provided outside the family home (WIC Section 4688.06). The Legislature recognized that adults with IDD, and their families, need coordinated family support services that are tailored to the unique needs of the individual. The CFS Pilot Program has been successful and is now offered as a service on a statewide level to assist individuals and their families coordinate and schedule the services required that allow adults to continue living in their family home. This CEA will be the primary policy maker in the CFS Services Program now being offered as a new service model. Specific examples include policies over the maintenance of services eligible for the CFS Services Program, assessment tools to identify the appropriate services for each individual, and outreach plans and activities to promote this new service to adult individuals who live with their families.

**HCBS Access Rule** – In April 2024 CMS released the HCBS Final Access Rule to advance access to care, quality of care, and to improve health outcomes for Medicaid beneficiaries, including those receiving services under HCBS Waiver/SPAs. Under the Access Rule, the Department is required to design and develop an access monitoring plan and establish procedures to monitor individuals access when proposing to reduce or restructure HCBS Waiver/SPA services. CMS requires that the plans include both the state's proposed methods for monitoring access to specified services as well as the baseline data and selected measures to be used to analyze access. The effective dates of these requirements began in July 2024, with new requirements relating to rate changes, and other phased-in service requirements extending through 2032. This CEA will provide leadership and coordination with the Department's executive management team in the development and implementation of policies, initiatives, and other activities for a transition plan to ensure the Department's programs, RCs, and community service providers reach and maintain compliance with the HCBS Access Rule on a timely basis.

**DSP Entry-Level Training and Internship Program** - The Budget Acts of 2021 and 2022 included several multi-faceted long-term investments with a cost of over \$200 million necessary to retain, restore, and support the front-line workforce and provided resources for an expanded Workforce Development Program. Trailer bill language to the 2024 Budget Act (Senate Bill 162) amended WIC Section 4699.3 to allow the Department to administer an entry-level training and internship program for individuals interested in becoming DSPs. This CEA will be the primary policy maker to develop and incorporate the DSP entry-level training and internship program into the broader continuum of workforce initiatives.

**Deaf Access Services Program Policy Coordination** – This CEA will be the primary policy maker on the coordination of the Deaf+ policies and activities with other Department divisions including Service Access and Equity and the Community Services Division, and with RCs and community service providers. Specific policies will include the development and implementation of innovative methods of service delivery and recommended solutions to improve access and services and supports to Deaf+ individuals, including those with the most challenging service needs consistent with federal and state disability rights laws and regulations.

**EVV Implementation** – This CEA is the primary policy maker for the implementation of EVV for all HCBS personal care services and home health care services that require an in-home visit by a provider for compliance with the 21st Century Cures Act. EVV systems must verify the type of service performed; date of the service; location of service delivery; the individual providing the service; and the time the service begins and ends. Specific policies to be developed include identifying monitoring measures to improve compliance and performance of RCs and community service providers in implementing EVV and to improve user experience.

**C. ROLE IN POLICY INFLUENCE (continued)**

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

The DD, SIOD, scope and nature of decision-making authority is broad, significant and expansive, as it relates to developing and implementing policies for new and on-going programs to increase the Service Innovation and Oversight of the Department, RCs, and community service providers. This CEA position's scope of decision-making is statewide over the HCBS Program policy, compliance, and monitoring including EVV and related programs; Workforce Development Program policy, data analytics, and workforce development; Deaf Access Services Program policy and coordination for expansion of services and supports for individuals who are Deaf+; and CFS Services Program policy and oversight. This will include decision-making authority over policies to establish and implement the new programs and initiatives, and decision-making authority for policies and activities for on-going monitoring, evaluating, reporting on the outcomes, and in addressing implementation issues on both a statewide systemic level and at individual RC and/or community provider level.

This CEA's programs impact over 465,000 individuals with IDD and their families, 21 RCs, over 28,000 community service providers, and approximately 120,000 DSPs serving individuals with IDD. Further, the decision-making authority over the HCBS Program and EVV impacts the Department of Health Care Services as the State's designated Medicaid Agency. Depending on the significance of the policy this CEA will have authority to independently decide policy options or to work in collaboration with other executive management and to advise the Directorate on the most critical policy decisions. This CEA will also be responsible for anticipating and assessing new federal and state laws, regulations and emerging policy issues to advise the Directorate on new program needs and policy direction impacting the Service Innovation and Oversight of California's developmental services system.

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

The DD, SIOD, will be developing and implementing new policy and also interpreting and implementing existing policies. There are current policies related to maintaining RCs and community service providers compliance with HCBS Waiver/SPA conditions of participation and in several of the Workforce Development initiatives underway. This position will also be developing and implementing new policies for the newly authorized entry-level training and internship program for individuals interested in becoming DSPs, new and amended HCBS Waiver/SPA conditions of participation, and in policies required to come into compliance with the new requirements under the HCBS Access Rule, among others. New or revised policies are frequently required in SIOD programs to stay in compliance with new or changes in state and federal law, regulations and policy direction, and audits, lawsuits, etc.

Many individuals and organizations are very involved in every aspect of ensuring the recognition of rights and the provision of services for individuals with IDD as set forth in the Lanterman Act. Because of the interests in the programs and the potential impact on the lives of this vulnerable population, most new policy receives a thorough public vetting, usually before a proposal is formulated and then formally considered through the legislative process. Additionally, many provisions in the Lanterman Act specify the community engagement groups to be involved and the process to follow when developing plans and policies. Therefore, the new policies will be developed and implemented with input from the Developmental Services (DS) Task Force, HCBS work groups, disability advocates, individuals served and their families and other stakeholders and in coordination with the Community Services Division and other Department Program and Operations Divisions.