

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 5, 2024

2. Department

California Department of Aging

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

Division of Home and Community Living (DHCL)

4. CEA Position Title

Assistant Deputy Director (ADD)

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

Under the general direction of the Division of Home and Community Living (DHCL) Deputy Director, the Assistant Deputy Director (ADD), has broad responsibility for the formulation of policies, procedures, and oversight of the Person-Centered Navigation Branch, Health at Home Branch, Long-Term Care Patient Representative Program, Training Content Analyst, and the Learning Management System Administrator. The ADD will oversee the management of assigned operational and administrative functions, including budget, contracting, and personnel management. The ADD represents CDA in matters with other state departments, control agencies, stakeholders, and vendors, as well as public and private entities. The ADD will assist the Deputy Director in all matters relating to the programmatic and administrative operations of the division and will serve as a member of the Department's Executive Team.

6. Reports to: (Class Title/Level)

Deputy Director-Division of Home and Community Living / C.E.A. Level B

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 Division of Home and Community Living (DHCL) Deputy Director the Assistant Deputy Director (ADD) has broad responsibility for the formulation of policies, procedures, and oversight of the Person-Centered Navigation Branch, Health at Home Branch, Long-Term Care Patient Representative Program, Training Content Analyst, and the Learning Management System Administrator. The ADD will oversee the management of assigned operational and administrative functions, including budget, contracting, and personnel management. The ADD represents CDA in matters with other state departments, control agencies, stakeholders, and vendors, as well as public and private entities. The ADD will assist the Deputy Director in all matters relating to the programmatic and administrative operations of the division and will serve as a member of the Department's Executive Team.

These duties are broadly defined as follows:

Responsible for formulating, recommending, and implementing departmental policies, procedures, and protocols required to effectively and efficiently administer the Department's Person-Centered Navigation Branch, Health at Home Branch, Long-Term Care Patient Representative Program, Training Content Analyst, and the Learning Management System Administrator. Serves in a leadership role and formulates strategic goals and priorities in collaboration with the branch and program leaders. Organizes, directs, coordinates, and reviews the work of subordinate management and staff within these programs. Provides direct supervision of two Staff Services Manager IIIs, one Health Program Manager II, one Staff Services Manager I (Specialist), one Associate Governmental Program Analyst, and indirect supervision of a variety of multi-disciplinary managers and supervisors within the Division.

Liaison and collaborator on solutions of mutual concern with external stakeholders including, but not limited to, local programs, service providers, other State agencies and departments, trade associations, and other relevant entities. Coordinates the dissemination of sensitive and/or complex communication with stakeholders (listed above). Monitors legislation that may impact program policy and operations; and identifies opportunities and recommends legislative changes that lead to positive impacts on policy and programmatic operations. As needed, represent, present, and/or testify in legislative hearings and other events. Collaborates and works closely with the members of the Department's Division of Administrative Services; Division of Policy, Research, and Equity; Office of Legal Services; Office of Communications; Office of Legislative Affairs; Office of Strategic Initiatives; and other offices, divisions, and teams when appropriate.

Oversees the management of assigned branch and program budgets, contracts, and personnel actions. In this role, ensures a proposed budget is developed and that expenditures are monitored to ensure sound fiscal and resource management. Organize, direct, coordinate, and review team workload which may include budget proposals, program operations, service delivery data, contracts, etc. to ensure work is completed following internal and external policies and guidelines. Provides direct management of assignments that are a high priority, particularly sensitive to public, media, and legislative scrutiny, and have a serious consequence of error.

Oversee and provide technical guidance to staff in the development of sensitive and complex plans, projects, and proposals, which includes, but is not limited to, coordinating with departmental staff to identify data and trends, researching and analyzing program and policy impacts, developing cost estimates and written narratives to convey findings, recommendations, and proposed budget and/or program changes.

Assists and advises the Deputy Director in overseeing the development and implementation of new programs, the expansion of current programs, new initiatives and/or pilot efforts. Assists in overseeing long-term planning activities and developing strategies that ensure resources are based on efficient, realistic, and achievable goals, meet the mission and goals of the Department, including consideration for staff and leadership development, and ensure the recruitment and retention of a competent team. This may include future budget requests and/or the development of new program proposals. Participates in a variety of internal and external work-groups to provide input on recommendations and/or proposed solutions.

Represents the Division and Department in a variety of meeting settings, including meeting with Legislators and legislative staff, the Governor's Office (GO), the California Health and Human Services Agency (CalHHS), Department of Finance (DOF) staff, Legislative Analyst's Office (LAO) staff, Governor's Office of Emergency Services (CalOES), and may testify before the Legislature; briefs control agencies such as CalHHS, GO, CalOES, and DOF; and develops written and speaking materials to support these efforts. Represents the Division and Department with control agencies and employee groups on matters regarding assigned programs and staff. Represents the Department at meetings, conferences, and public hearings on major departmental proposals. Acts for the Deputy Director in his/her absence.

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 California Department of Aging (CDA) has historically administered programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities throughout the State. With the approval and ongoing implementation of California's Master Plan for Aging, the Department's mission has shifted and now also includes the directive to transform aging for individuals, families, and communities by leading innovative programs, planning, policies, and partnerships that increase choices, equity, and well-being for all Californians as we age by: advancing a California for All Ages through the Master Plan for Aging; increasing choices to live at home and/or in the community; increasing well-being of residents in Long-Term Care facilities; increasing public awareness and "engAGEMENT" by enhancing outreach efforts to educate both Californians and stakeholders about aging and disability information, resources and programs that advance equity in aging; and modernizing the department and our local aging networks through CDAs CA 2030 initiative.

The Assistant Deputy Director is responsible for leading and managing various programs that are critical to the health and well-being of older and disabled adults, including those individuals with the highest socio-economic and complex needs.

These programs included those aimed at assisting individuals, their families, and caregivers with obtaining information and navigating California's complex system of long-term care and aging services (Person Centered Navigation Branch); ensuring alternatives to institutional care for Medi-Cal beneficiaries who can live at home with the aid of appropriate health, rehabilitative, personal care, social and health care management services (Health at Home Branch); and providing older and disabled adults have a representative to act on their behalf to help make medical decisions (Long-Term Care Patient Representative Program).

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.

In 2021 this position was established as a C.E.A. Level A and the CEA Concept was approved by CalHR for the position to serve as the Assistant Director for the Office of the Long-Term Care Patient Representative. The Assistant Director was tasked with establishing the Patient Representative Program and provided statewide oversight, policy, and support to ensure that local patient representative programs operate in accordance with the court's application of the relevant law. This program is the first of its kind in California and in the nation and was developed in response to the California Advocates for Nursing Home Residents (CANHR) v. Smith (2019). The program provides representation on skilled nursing facilities' (SNF) and intermediate care facilities' (ICF) medical decision-making interdisciplinary teams to patients who lack capacity to make their own health care decisions, who do not have a legally authorized decision maker, and who do not have family member or friend who can act as a patient representative pursuant to Health Safety Code Section 1418.8.

The program has been established, has begun to stabilize and services are being successfully provided across the state. Now that the demands for the CEA have decreased, post program implementation, the department has reassessed operational and program needs and have determined that this CEA should be redirected into the Division of Home and Community Living (CDA's program division) and their role should be expanded from a program manager to an Assistant Deputy Director.

The DHCL has seen significant growth and change over the last 4-5 years and it is no longer feasible for the Deputy Director, a C.E.A. Level B, to provide all oversight and management of all programs, operations, and staff.

The department reviewed and considered division/program operations, current and proposed staffing levels, workload, workflows, provider needs, compliance requirements which was important since CDA has grown and changed significantly over the last four years, growing from a department of 100 positions to almost 260 as of the most recent Governor's Budget. Further, the department's responsibilities and operations have also drastically changed during this time, moving from a department that was focused on administering and providing oversight of a narrow portfolio of programs to a department that still maintains those original responsibilities but is also now a collaborator, leader, and innovator in the aging space, serving as a statewide leader across all agencies and departments in reshaping how government serves and supports older adults, adults with disabilities, their caregivers and families. These changes are associated with both the ongoing implementation of the Master Plan for Aging (MPA), the development and launch of 40+ new CDA-led initiatives, new programs, and expansions and innovations of existing programs all of which will position California to better support the growing 65+ population that is projected to be 8.6 million (aka 1-4 Californian's) by 2030.

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 CEA will be responsible for developing and implementing statewide-policy for a myriad of CDA's older adult programs, including but not limited to:

Health at Home Branch and associated programs, which includes the Multipurpose Senior Services Program (MSSP) and Community-Based Adults Services Program (CBAS). The CBAS program is a community-based day health program that provides services to older adults and adults with chronic medical, cognitive, or behavioral health conditions and/or disabilities that make them at risk of needing institutional care. It is an alternative to institutional care for Medi-Cal beneficiaries who can live at home with the aid of appropriate health, rehabilitative, personal care, and social services. The MSSP program provides both social and health care management services to assist individuals remain in their own homes and communities. While most of the program participants also receive In-Home Supportive Services, MSSP provides on-going care coordination, links participants to other needed community services and resources, coordinates with health care providers, and purchases some needed services that are not otherwise available to prevent or delay institutionalization. The total annual combined cost of care management and other services must be lower than the cost of receiving care in a skilled nursing facility.

Person Centered Navigation Branch and associated programs, which includes the Aging and Disability Resource Connections (ADRC) program and Health Insurance Counseling and Advocacy Program (HICAP). The ADRC program provides enhanced information and referrals services; options counseling; short-term service coordination which provides expedited access to services and supports for individuals at risk of institutionalization, generally for 90 days or less, until a longer-term plan is in place; and transition services for people who are currently in a hospital, nursing facility, or other institution who wish to receive services at home or in a community setting. The HICAP program provides free, confidential one-on-one counseling, education, and assistance to individuals and their families on Medicare, Long-Term Care insurance, other health insurance related issues, and planning ahead for Long-Term Care needs. HICAP also provides legal assistance or legal referrals in dealing with Medicare or Long-Term Care insurance related issues. HICAP counselors are trained in Medi-Cal and Medicare and can help you understand the complex insurance options to find the best fit for eligible individuals. HICAP counselors provides community presentation and conferences to educate the public on Medicare and Medi-Cal.

The Long-Term Care Patient Representative (LTCPR) Program, provides trained representatives for specified long-term care residents who may need medical treatment but lack the capacity to make health care decisions and have no legal surrogate authorized to make decisions on their behalf.

C. ROLE IN POLICY INFLUENCE (continued)

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

The ADD will have responsibility for independent decision-making regarding the development, management, direction and oversight for statewide services, including: Multipurpose Senior Services Program (MSSP), Community-Based Adults Services Program (CBAS), Aging and Disability Resource Connections (ADRC) program, Health Insurance Counseling and Advocacy Program (HICAP), and the Long-Term Care Patient Representative (LTCPR) Program. The ADD will be a member of CDA's executive team and will be responsible for providing program and policy direction, carrying out CDA and division mission, vision, and goals, and formulating and implementing state and department-wide policy.

The ADD will also be responsible for assessing laws and regulations associated with assigned program areas and will have decision making authority regarding any statutory and/or regulatory changes that may need to be made when amending existing program policy or implementing new program policy that may conflict with existing authorities.

The CEA will have a high-level of responsibility in making decisions and exercising independent judgment in all assigned areas. They will determine impacts, collaborate with stakeholders regarding any concerns, identify solutions and make recommendations on complex issues to the executive team. The CEA will be the lead and subject matter expert in assigned program areas and will have a key role as an executive team member when making decisions and recommendations to the Administration, Legislature, and other stakeholders.

The CEA will also have a key role in decision making with local government (aka local providers), other state departments and agencies, federal oversight entities, and internal and external stakeholders.

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

The ADD will develop and implement new policy and will also interpret/implement existing policy. The ADD will formulate and implement specific policies, guidelines, procedures, and processes for existing and new assigned programs that have direct impact on older and disabled adults across the state. The ADD will work with departmental staff, executive leadership, stakeholders, local providers, CalHHS, and control agencies on all assigned program policy. The ADD will also interpret, implement, evaluate, and adjust all existing program policies to ensure ongoing service delivery, accountability, positive outcomes, continuous improvement and transparency.