

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: A6 Maxillofacial Program Reduction
Budget Period: 2015-17
Budget Level: PL-Performance Level

Recommendation Summary Text:

This proposal eliminates funding for contracts with three regional maxillofacial review boards and one local health jurisdiction. This reduction will eliminate care coordination services to over 1,400 children in Washington State born with craniofacial defects including cleft lip and palate with a special emphasis on children in rural parts of the state, enrolled in Medicaid. This elimination shifts the burden of care coordination for these children to family members or their primary care provider.

Fiscal Detail

Operating Expenditures		<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
001-1	General Fund - State	(158,000)	(157,000)	(315,000)
Total Cost		(158,000)	(157,000)	(315,000)

Package Description:

This proposal eliminates the state's Maxillofacial care coordination program by removing all General Fund State support provided to three regional maxillofacial review boards and one local health jurisdiction. State funding supports three regional Maxillofacial Teams in Washington State through contracts to coordinate care for infants and children born with oral facial anomalies, like cleft lip and cleft palate.

In each region a nurse serves as Maxillofacial Team Coordinator. Teams include (private sector) medical specialists with expertise in maxillofacial conditions including plastic surgeons, orthodontists, oral surgeons, dentists, speech pathologists, otolaryngologists, social workers, nurses, and others.

Professional coordination of care services for over 1,400 infants and children with cleft lips and palates from low-income households and those living in more rural areas will be eliminated. Shifting this burden to family members or their primary care provider may impact the proper sequencing of treatment by an interdisciplinary team in the context of a medical home. Without this funding, neither Medicaid nor public and private insurance supports the coordination of the diverse specialized services needed to treat each infant and child.

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Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Lack of integrated coordination and care for this vulnerable population diminishes the infrastructure needed to assure children with craniofacial defects have a healthy start, improved access to care, and optimized timing of surgical repair and success of orthodontic and speech and language services at an early stage.

Performance Measure Detail

Activity: A010 - Promote Family and Child Health and Safety

Is this DP essential to implement a strategy identified in the agency's strategic plan?

No.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

No.

What are the other important connections or impacts related to this proposal?

None.

What alternatives were explored by the agency and why was this alternative chosen?

The Department of Health (DOH) used the following process to get to the mandated 15 percent General Fund State Reductions:

- All General Fund State supported programs were put into three tiers:
 - Tier 1 – Programs that are 100 percent foundational public health services
 - Tier 2 – Programs that are partially foundational public health services and/or directly tied to the Governor's Results Washington measures and/or part of the agency strategic plan
 - Tier 3 – All remaining general fund programs
- Tier 2 and Tier 3 programs were scored using the public health criteria matrix, then ranked using the scores and our professional judgment
- Reductions were proposed from the ranked list
- The DOH widely shared our draft reductions both internally and externally to the department and sought feedback

What are the consequences of adopting or not adopting this package?

Adopting this proposal means the elimination of funding for specially trained care coordination of complex medical services would shift the burden to family members or other providers ill-equipped to efficiently and effectively provide the coordinating services to achieve the best long term outcomes for the children.

What is the relationship, if any, to the state capital budget?

None.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Existing contracts with three regional hospitals and one local health jurisdiction will not be renewed.

Expenditure and revenue calculations and assumptions

Revenue:

None.

Expenditures:

This reduction eliminates all contract expenditures related to the Maxillofacial Program beginning in fiscal year (FY) 2016 (\$158,000) and FY 2017 (\$157,000).

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All reductions are ongoing.

For federal grants: Does this request require a maintenance of effort or state match?

Not applicable.

For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

No.

Object Detail		<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
A	Salaries and Wages			
B	Employee Benefits			
C	Personal Service Contracts			
E	Goods and Services	(2,000)	(2,000)	(4,000)
G	Travel			
N	Grants, Benefits & ClientSvc	(156,000)	(155,000)	(311,000)
T	Intra-Agency Reimbursements			
	Total Objects	(158,000)	(157,000)	(315,000)