Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.
Please email completed templates by **January 15, 2016,** to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	Stacy Torrance, 206.729.5494, storrance@deltadentalwa.com *Washington Dental Service Foundation, Department of Health and The Health Center of Walla Walla*
Project Title	*Expansion of School Based Sealant Programs*

Rationale for the Project

Include:

- *Problem statement – why this project is needed.*

As children age, decay rates rise.

- The 2010 Smile Survey found that 58 percent of third graders in Washington had experienced decay.
- In 2000, the Surgeon General reported that dental caries was the most common chronic disease of childhood, with greater than 80 percent of children affected by late adolescence.

After the age of 8, children's utilization of dental care declines.

- 2014 Medicaid data showed that utilization of dental services for the state reached a plateau between the ages of 4 and 8 with 67 percent of children accessing dental services at least once. At the age of 16 utilization drops to 50 percent and by the time kids reach the age of 20, only 17 percent accessed dental services.

Oral health disparities exist.

- Native American and Latino children experience higher rates of decay.
- Low income children experience higher rates of decay.

There is not adequate access to dental care in Washington state.

- *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]

  Dental sealants are protective coatings that are placed on chewing surfaces to create a barrier between teeth and decay-causing bacteria. Sealants cover up to 90 percent of the area where decay normally occurs in children's teeth. They are 100 percent effective when placed correctly and fully retained on the tooth. According to the Surgeon General's Report on Oral Health (2000), sealants have been shown to reduce decay by more than 70 percent and are most cost-effective when provided to children who are at highest risk for tooth decay. The average cost of sealing one molar is less than one-third the cost of filling a cavity. Sealants may be applied in dental clinics or other settings such as schools with the use of portable dental equipment or a mobile van.

  School sealant programs are an effective way to provide sealants to large numbers of children at risk for tooth decay. The Centers for Disease Control recommends that sealant programs target children in the second grade (for sealing the first permanent molars that typically erupt at ages 6 to 7) and sixth grade (for sealing the second

permanent molars that typically erupt between 11 and 13 years of age). The Centers for Disease Control also recommends that programs target schools where a minimum of 50 percent of the student population is eligible for federal free or reduced-cost lunch programs, allowing programs to reach large numbers of high-risk children.

Washington's 2010 Smile Survey, a survey that assesses the oral health status of preschool and elementary schools children in Washington, found that 51 percent of third grade children have received sealants.

Relationship to federal objectives for Medicaid[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*

- School based sealant programs increase access to, stabilize and strengthen provider networks available to serve Medicaid and low-income student.
- School based sealant programs improve health outcomes for Medicaid and low income students.
- School based sealant programs increase the efficiency and quality of care for Medicaid and other low-income students by targeting high risk children and eliminating some barriers to access by providing services when children spend most of their time – at school.

Project Description

Which Medicaid Transformation Goals[iii] *are supported by this project/intervention? Check box(es)*

- SBHCs reduce avoidable use of intensive services
- SBHCs improve population health, focused on prevention
- ~~Accelerate transition to value-based payment~~
- Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- Health Systems Capacity Building
- Care Delivery Redesign
- Population Health Improvement – prevention activities

Describe:

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).*

Target Population: Children ages 6, 7, 11, 12 and 13 in schools. Regions and sub populations to consider include:

- Schools with large numbers or greater than 50 percent of children enrolled in the Free and Reduced Lunch Program.
- Counties with lower Medicaid dental utilization for children under 20 such as Skamania (36%), Asotin (37%), Jefferson (38%), Clallam (39%), Wahkiakum (40%).
- Counties with high rates of third graders who have experienced decay. This data is available for 24 counties in the state. The state average is 58 percent, the three highest rates include Mason (74%), Franklin (66%), and Grant (66%).
- Communities with large numbers of Native American, Latino and low income children.
- Communities without fluoridated water.
- Dental Provider Shortage Areas.

The Health Center in Walla Walla is a school based health center that provides medical care to students. The Health Center has expressed interest in developing school based sealant programs in their community.

Relationship to Washington's Medicaid Transformation goals.

- **Health Systems Capacity Building**
  - Train dental hygienists to operate school based sealant programs.
  - Build system infrastructure at the state level to support the development and implementation of high quality school based sealants programs across the state.
  - Expand school based sealant programs across Washington.
- **Care Delivery Redesign**
  - Reduce barriers to accessing care – bring care to children where they spend most of their time, at school.
  - Successful models exist in Washington and can be replicated by other dental professionals.
  - Develop strong relationships between school based sealant providers and community dental professionals available to provide comprehensive care when needed.

- **Population Health Improvement – prevention activities**
  - School sealant programs are a population health improvement strategy and can be placed in schools to reach the highest risk populations.

- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*

Goal: Reduce dental decay among children, especially low income, Native American and Latino children, by increasing the number of children who receive sealants in school settings.

Intervention: Expand school based sealant programs in Washington.

Outcomes:

- 20 new school sealant programs
- ***Walla Walla is interested in brining school sealant programs to some of their schools.***

Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.

Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.

Washington Dental Service Foundation can support public/private partnerships in this work, and will explore funding needs with those partners as appropriate.

Potential Partners:

- The Health Center – Walla Walla
- Washington Alliance for School Based Health Care
- Department of Health
- Washington Association of Community and Migrant Health Centers
- Federally Qualified Health Centers
- Hygiene Association
- Public health departments
- Existing school based health centers

- Schools

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.*

Costs:

It is estimated to cost about $30k to purchase the supplies to start a two chair school based sealant program.

- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
    Three thousand children per 2 chair program.
  - How much you expect the program to cost per person served, on a monthly or annual basis.
    According to the Surgeon General's Report on Oral Health (2000), sealants have been shown to reduce decay by more than 70 percent and are most cost-effective when provided to children who are at highest risk for tooth decay. The average cost of sealing one molar is less than one-third the cost of filling a cavity.

    A cost analysis of Ohio's school sealant programs indicated that the cost per child receiving sealants in a school sealant program was in the range of $57-$63.

- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
  With focused efforts it could take one year to develop a school sealant program to become fully operational and self-sustaining. It may take up to three years to spread school sealant programs to high need areas of the state.

- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
  The average cost of sealing one molar is less than one-third the cost of filling a cavity.
  If x percent of third graders have experienced a cavity, multiply that by the cost of a filling?
  250,000 third graders in Wa state * 58% have experienced decay = 145,000
  145,000 * $2000(cost of cavity over a lifetime, data from year 2000) $290,000,000….cost of delivering a sealant program to 145,000 * $63/per child = 9,135,000
  $290,000,000 - 9,135,000 = $280,865,000

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application* http://www.hca.wa.gov/hw/Documents/waiverappl.pdf *pages 46-47*[iv].
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- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?

[i] The Washington State Institute for Public Policy, http://www.wsipp.gov, has identified "evidence-based" policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation

[ii] Medicaid objectives as stated in GAO report 15-239, April 2015, http://www.gao.gov/products/GAO-15-239:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director's Letter – available at: http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html.

[iii] Transformation goals as stated in Washington's Medicaid Transformation waiver, http://www.hca.wa.gov/hw/Documents/waiverappl.pdf:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington's tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

[iv] This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in "*Service Coordination Organizations – Accountability Measures Implementation Status*", (page 36) at: http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf.