

Rhoda Howell-Gonzales RDHAP

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November 11, 2015

Dear Little Hoover Commission and parties involved,

I am requesting additional time in your agenda for an RDHAP (Registered Dental Hygienist in Alternative Practice) to speak on behalf of our profession to your council. We are the "Three Legged Stool" or Triple Aim, - We can help bend the total cost of care curve, **improve patient outcomes, and enhance patient experience while remaining financially robust.**

Our focus is on prevention, we serve the most vulnerable populations in their communities, schools, homes and hospital settings. RDHAP's are "extraordinarily educated, board certified, college educated, periodontal specialists with emphasis on cost-saving. We are the prevention specialists and knowledgeable experts, who work in the trenches". We are independently successful not requiring federal dollars or grants to sustain our practices. We do not have a 3-6 month wait for an appointment nor does it take 3 hours in a waiting room for multiple visits to receive care. We come to the patients in the settings that they reside the families, social workers, case managers and public guardians call us directly and we are Denti-cal providers. Many staff, nurses and directors wish they could be next to have their teeth cleaned when they see the care that mobile Hygienists bring. We receive Medical Doctor clearance and consent from the families. We are self-employed and provide staff and patients with education and prevention. However, this may all too soon be gone just like the house doctors that used to come bed side.

At this time DHCS stating that Denti-cal is going forward with implementing additional red-tape on our ability to practice. They are to implement a new TAR (treatment authorization request) in providing care or specifically scaling and root planing. This would effectively take away care and not provide prevention thus increasing risk of aspiration pneumonia, increased cost in hospital stays and even death. The X-ray requirement will not be tolerated by the very population that is needing the most care, those that have severe developmental disabilities or dementia.

Thank you for your time,

Rhoda Howell-Gonzales RDHAP

**letters of support are attached**

**STEPHEN M. GROSSMAN, M.D., C.M.D.**  
**PRESIDENT OF LONG TERM CARE MEDICAL GROUP INC.**  
**INTERNAL MEDICINE, SPECIALIZING IN GERIATRICS**  
**87 East Olive Sulte #100**  
**FRESNO CA, 93728**

To whom it may concern;

05-13-15

**I am recommending RDHAP dental services as I have for ALL my Sub-acute and nursing home patients here in the Valley.**

**I do not agree with the new regulations requiring pre-authorization with dental treatment for RDHAP.**

**These patients are on ventilators, brain injured with tracheostomy due to respiratory failure.**

**Getting them proper dental treatment is hard enough that by imposing this new requirement will only lead to no dental care for these severely impaired patients.**

**Many of these patients are developmentally delayed or have Traumatic Brain Injury unable to be seen by a "normal" dental facility.**

**Like the Nurse Practitioner is to the M.D. we need to have the RDHAP designation as it was created to continue to deliver Dental Hygiene care.**

**By having RDHAP in my buildings our infection rates for oral and respiratory systems have been reduced. This has led to lower hospitalizations and cost associated with our more complex medical patients.**



**Stephen Grossman, M.D., C.M.D**

**SNF Dental Care**  
**Dental office of Dr. Hilario**  
4811 E. Olive Avenue  
Fresno, CA 93727  
Tel No (559)255-5228

May 18, 2015

Subj: RDHAP pre-authorization requirement with X rays.

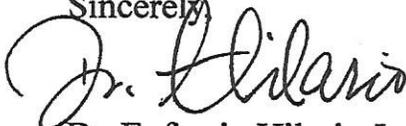
To whom it may concern,

I am writing to express my objection to the changes in requirements effective June 1, 2015. Which requires RDHAPs to pre authorize treatment with x-rays. I have been treating residents of nursing homes for almost two decades. I can tell you from this experience that we are treating "*third world dental conditions*". Many of the patients are developmentally disabled, has traumatic brain injury requiring tracheotomy and ventilators. Many elderly patients has multiple co-morbidities and unable to tolerate dental x rays.

RDHAPs are essential to the prevention of *bacterial infection* and *aspiration pneumonia* and in the medically compromised elderly and the disabled. It will most likely lead to *emergency hospital visits* via ambulance and *untimely death*.

Majority of the RDHAPs are independent solo practitioners and have placed patient welfare ahead of financial success. The recent increase in growth of corporate modalities has placed a strain in the state budget. There are good corporations, and there are the bad apples. Effective enforcement of existing California laws may be the solution.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Hilario". The signature is written in a cursive style with a large initial "D".

Dr. Eufrazio Hilario Jr.

My name is Debra Olsen, RDHAP and I am the Sole Proprietor of Smile Partners in California. As an Alternative Practice dental hygienist I am dedicated to treating Seniors, Children and Special Needs.

I am also Vendored with Lanterman Regional Center and under contract with San Gabriel Pomona Regional Center. The majority of my patients are Consumers of the Department of Developmental Disabilities.

Because The Little Hoover Commission is addressing access to care and low provider enrollment etc, let me give you a little bit of info about the RDHAP as Specialist providers in California. Our license was designed to address the access to care issues with the most vulnerable populations that exist. We treat in Skilled Nursing Homes and Intermediate Care facilities for the developmentally disabled as well as other places such as assisted living, schools and private homes. Because I am a Denti-Cal provider I bill some of my clients through the State.

Because RDHAPS were licensed, created and deemed to be part of the solution, I would like you to know that we are facing a huge obstacle and roadblock being handed down to our patients from DHCS. Why this is happening is my biggest question. Because our population in Skilled Nursing and ICF-DD's are so vulnerable and unable to achieve adequate daily oral care due to frailty, behaviors and a long list of medical conditions, it was recognized that they would require and should receive Periodontal maintenance visits every 3 months. These visits have always been approved and been paid for by the State and has been the norm for several years without issue. Quarterly visits allow for bacterial removal on a regular basis and improved Overall Health. "Prevention Care and Overall Health" are widely accepted and recognized concepts in the healthcare world of today. Dental Hygienists are the ultimate professionals when it comes to Prevention Care. DHCS is now requesting Full mouth x-rays be submitted along with claim forms in order to approve or disapprove the quarterly visits. If disapproved a yearly prophylaxis would suffice. Prophylaxis is not an indicated procedure for people with extremely Poor Oral Hygiene and excessive bacterial build-up, inflammation and infection.

Reasoning on the part of DHCS was to "Level the Playing Field" and have the same x-ray requirement for the portable RDHAP as does the community Dental Office who treats people under the State Medi-Cal Program. The two are not remotely the same. It is understandable that unless you are a Specialist hygienist who actually provides this type of care, it would be completely impossible to grasp the reality of what this would entail. Taking x-rays on the general population can be challenging. Taking x-rays on Special Needs is impossible and on the verge of preposterous.

My reaction to this idea is as follows:

Do we as a Nation hold our Special Needs to the same standards as the general population? NO we do not because we cannot.

Do we place the same expectations on Special Needs as far as good cognitive function, level of cooperation, and behavioral factors? NO we cannot.

Do we expect Special Needs to be able to have the same physical and motor abilities as the general population? No we cannot. The Special Olympics is a great example of that.

Can our Special Needs verbalize when something hurts or if the x-ray is gagging them? Most of my patients with dementia and developmental disabilities are non verbal so the answer is NO. Are the actions of their tongue (as in Tongue Thrust) going to make it possible to take a one single diagnostic x-ray?

The answer is NO, therefore they no longer receive the care that they have been getting and they have now become a "Throw Away" population? Is the action of the tongue not directly related to brain function? Yes it is and we know that from the simple concept of Stroke. Many post-stroke patients live in Skilled Nursing Facilities and many are on State Aid. Add to that idea, people living with Muscular Dystrophy, ALS, MS, Parkinson's disease, Alzheimer's and the list goes on and on. My patients living in Sub Acute on Ventilators after horrific things like auto accidents, electrocution and drowning need bacteria removed regularly and adequately to prevent pneumonias. They are not candidates for X-rays.

Some Special Needs do go under General Anesthesia once a year care. More often than not it is once every 2 or more years since there are no providers in that field due to the many, many obstacles in their way. Wait lists can even be 24 months and then cancelled at the last minute. What about the person who cannot get medical clearance to go under GA? I am sent out regularly by the Regional Center to treat clients who have no other choice but to see me. Is anyone thinking or looking out for them? I think not. Even if they can have x-rays while sedated it is not in anyone's best interest to go under General Anesthesia even once a year let alone people with multiple medical conditions. Other types of sedation either do not work or are also not appropriate for people with complicated medical conditions.

Therefore, People who have been receiving regular care by the RDHAP PROVIDER in the State of California will now need to be counted as a new statistic in the problem. "Access to Care" means adequate care and appropriate care with a focus on Prevention, not subpar care once a year and let's call it a day. In addition, now a group of caring and growing Specialist Providers called RDHAPs will not be able to continue. Is "Backwards" the way California needs and wants to go? I think not.

RDHAPs are the Specialists for the vulnerable population. We treat the patients that General dental practices do not want to see and who are unprepared to see. I hear this from my group homes all the time. They thank me for treating their clients with dignity and keeping them comfortable in their own home. Going out to a conventional office most often results in a disaster. Clients can be very uncooperative and anxious making it impossible for the office to do anything let alone take x-rays. It ends up a failed appointment and the client receives no care at all....end of report. I do this Full time and have done it for 7 years. I am well respected in my community, by my facilities, dentists and by my Regional Centers for what I do and how I treat my clients. How could placing unreasonable criteria and restrictions on the portable RDHAP in order to provide care to those that need it the most be addressing California's problem? This is simply one more roadblock to Providers of care.

The professional organization for dental hygienists in California (CDHA) provided DHCS with many letters from Skilled Nursing Administrators /owners, Social Workers, Intermediate Care facilities, Regional Centers, families and respected dentists who work with Regional Center clients listing reasons why x-rays are impossible to take on clients and patients. These dentists appreciate and applaud me and other RDHAPs who are vendored because of the preventive treatment we provide between their visits with the patient. We also showed close up photos and video of conditions in the mouth making it impossible to take x-rays. This information was apparently never taken into consideration.

I hope I haven't gone on too long for you but I feel as if my words need to speak for the tens of thousands of Special Needs in California. If those of us that know them intimately and care about their well being do not, then who will? My patients are my Passion and I hope you can understand where this comes from. Please address with DHCS the Provider called an RDHAP and why they are imposing these new restrictions causing an obstacle to care for thousands of vulnerable Californians.

Thank you for your time,

Debra Olsen, RDHAP CA Lic #187

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Hello Board,

I was in the audience, at the last Little Hoover Commission meeting, regarding denti-cal and I was able to give my three minutes at the end about the Registered Dental Hygienist in Alternative Practice (RDHAP) and how we are serving the most vulnerable of populations. We travel to people who can't access a traditional dental office. My patients include mostly the severely developmentally disabled and elders with the last stages of dementia.

As I mentioned in my three minutes last time, Denti-cal was trying to incorporate more regulations on the people who have gum disease. In almost all cases, this involves **ALL the patients** that RDHAPs see. Denti-cal is moving forward with insisting that we provide x rays before doing a "deep cleaning" on the patients. The "deep cleaning" allows some of this population to be seen every 3 months, which is instrumental in their health since most of them are not getting their teeth brushed and the level of disease in their mouth is affecting the rest of their health!

The problem with the new X-ray requirement is that my patients don't have the mental capacity to be able to bite down on an x-ray and they don't have the physical capability to hold still while taking the X-ray. My patients are people with cerebral palsy, parkinson's, etc. or they are very combative and move and fight because they are either in the last stages of dementia or they are so severely mentally challenged that they aren't able to listen to instructions of holding still.

Many of my patients are adults, although my new patient is a 14 year old, 6'2" violent child. It will take many hours at no charge of just de sensitizing him to allow me to get close enough to hold a mouth mirror, let alone put a sharp instrument in his mouth to clean his teeth! I know it sounds crazy to even try, but I am his only hope and god forbid that he has a serious infection in his mouth, and I don't at least **TRY** to help him, then shame on me! So I try, every day I try. But I will lose hundreds of patients if this new "**X-ray**" regulation goes into effect.

Not to mention that the mobile X-ray unit will cost about \$20,000 and even if I could have my patients sit still and hold onto a sensor in their mouth, I would not be paid for the X-ray since I am not a dentist and it is not within my scope of practice to DIAGNOSE the X-ray.... (grumble).

I will be speaking to this on Nov 19th however, denti-cal has already begun to move forward with this since the last time you had a meeting and I thought you might want a "heads up"

So many **NEW** thousands of people will go untreated and there will be medical emergencies that will cost the taxpayers more money and a percentage of these thousands of people will die due to oral health issues. I am not the only RDHAP, so thousands of patients will be affected. I would really love to talk with the committee, for more than 3 minutes, on this subject. I live in the East Bay, but am willing to travel to Sacramento on Tuesdays, Thursdays, or the weekends to talk to you about this NEW problem that is about to hit California hard! Please reach out to me so that I can provide you with more information. I want to be added to the agenda please!

Thank you for your time,

Darci Trill, RDHAP  
510-886-4199

To Little Hoover Commission:

My name is Miguel Zamora, RDHAP and I am the Sole Proprietor of Zamora's Dental Hygiene Practice in Clifornia. I treat patients with special needs.

I am Vendored with Lanterman Regional Center, San Gabriel Pomona Regional Center, and Westside Regional Center. The majority of my patients are Consumers of the Department of Developmental Disabilities.

As an RDHAP I treat patients at Skilled Nursing Homes, Intermediate Care Facilities for the developmentally disabled as well as other places.

The RDHAP profession was developed to be part of the solution in how to provide access to care to the most vulnerable, the handicapped, and the disabled population. We are treating patients that most dentist don't want to treat either because they don't have the proper training in how to treat this part of the population or because they are not mobile and are not willing to travel from one facility to another.

As an RDHAP we are able to treat our patients more frequently to reduce the amount of bacteria in their mouths, therefore decreasing the amount of infections in their mouths. DHCS wants to implement a new requirement for our patients to have a full mouth radiographs and be submitted with other forms to pre estimate out treatment in order for them to approve or disapprove our treatment plan. Taking radiographs on healthy individuals can be challenging at times, taking radiographs on special patients can be impossible.

I been practicing for 9 years and I feel I have helped improved many patients oral health, keeping them away from the emergency rooms. I'm concern that if this new requirement goes into place my patients are going to suffer because I won't be able to take their x-rays and I won't be able to continue caring for them.

Thank you for your Time,

Miguel Zamora, RDHAP CA Lic #139

Zamora's Dental Hygiene Practice 562-522-5227