

MINUTES OF THE HOUSE AGING AND LONG TERM CARE COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 p.m. on February 3, 2009, in Room 711 of the Docking State Office Building.

All members were present except:

Representative Don Myers- excused

Committee staff present:

Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Judith Holliday, Committee Assistant

Conferees appearing before the committee:

Michelle Niedens, Alzheimer's Association, Kansas Chapter
Kathy Sikes, Program Director, Alzheimer's Association, Central & Western Kansas
Marcia Manter, Community Development Specialist, Oral Health Kansas
Annette Graham, Executive Director, Central Plains Area Agency on Aging
Cindy Luxem, Executive Director, Kansas Health Care Association
David Sandford, Executive Director, GraceMed Health Clinic, Wichita
Dr. Glenn Hemberger, Pediatric Dentist, Overland Park

No written testimony:

Rhonda Partridge, Prairie Star, Hutchinson

Others attending:

See attached list.

Chairman Bethell brought the Minutes of the January 29, 2009, meeting before the Committee for approval. Representative Williams moved to approve the minutes, seconded by Representative Hill. The motion carried.

Chairman Bethell told the Committee that after the meeting last Thursday on adult abuse, neglect and exploitation, he decided to appoint a Subcommittee to deal with these issues. Representative Schwab will be the Chairman, and Representatives Hill and Williams will be on the committee.

Michelle Niedens, Alzheimer's Association, Kansas Chapter spoke to the Committee about Alzheimer's disease. (Attachment 1) Ms. Niedens cited statistics for the number of Kansans diagnosed with Alzheimer's disease, ages at diagnosis, and effects on care givers.

Ms. Niedens stated that many Alzheimer's victims have tragic situations, tragic not because they have Alzheimer's disease, but because systems fail them. She stressed the need for a plan to expand the system to include short term needs, but also to look realistically at long term needs.

Ms. Niedens listed proposed priorities of the Kansas Alzheimer's Association Coalition:

- The creation of an Alzheimer's State Task Force to deal with issues such as absence of day programs, shortage of respite care providers, state alert systems in place for Alzheimer's victims who wander, and transportation issues.
- Developing the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act, which enables judges to determine jurisdiction regarding adult guardianship cases.
- Loan forgiveness for new geriatric psychiatrists, which would encourage medical students to enter the geriatric psychiatry field.

Kathy Sikes, Program Director, Alzheimer's Association, Central & Western Kansas, spoke to the Committee about the growing epidemic of Alzheimer's victims in Kansas, particularly as baby boomers reach retirement. (Attachment 2) She cited statistics regarding the percentage of aging population in Western Kansas. For residents in nursing homes, 79% suffer cognitive impairment. There are direct care costs to the State because over half of those in nursing homes receive Medicaid.

CONTINUATION SHEET

Minutes of the House Aging And Long Term Care Committee at 3:30 p.m. on February 3, 2009, in Room 711 of the Docking State Office Building.

Specific areas of concern include: availability of adult day care; respite care; transportation; financing services; professional dementia care education; public education and awareness; and availability of healthcare in rural areas.

Ms. Sikes recommended utilizing the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System to assess the impact of cognitive impairment, and to partner with the Alzheimer's Association Central and Western Kansas to collect information for development of state policy to meet individual and state needs.

Marcia Manter, Community Development Specialist, Oral Health Kansas, updated the Committee on the strides being made in Kansas regarding oral health care. ([Attachment 3](#)) She stated there is an organized statewide approach to oral health care for elders through partnerships among dentists, hygienists, safety-net clinics, state agencies, professional associations, and long-term care facilities.

Ms. Manter stated the financial challenges elders face often prevent accessing dental care, and most simply cannot afford it. Since most dental offices are located where large populations of people live, many Kansas counties have no full time practicing dentists. Transportation to a dental office is also a problem, particularly for frail or disabled individuals.

Annette Graham, Executive Director, Central Plains Area Agency on Aging, testified before the Committee. ([Attachment 4](#)) Ms. Graham cited the lack of access and resources for dental health services for older adults is one of the top five unmet needs in the community. Oral health care is not a luxury, it is a requirement. Ms. Graham stated that Central Plains Area Agency on Aging applied for grant funding to develop and implement the "Healthy Teeth, Healthy You" program in partnership with GraceMed Health Clinic in Wichita.

Home and Community Based Services-Frail Elderly Medicaid Waiver covers the cost of dental hygiene to prevent oral disease, and dental services for restoration and dentures.

Ms. Graham responded to questions by Committee members on whether data exists on tracking of previous oral health care, and if there is resistance by elderly to oral health care. She stated efforts are being made to obtain this information, and that there is some resistance of elderly to having dental care.

Cindy Luxem, Executive Director, Kansas Health Care Association, testified before the Committee about funded grants for oral health care in Kansas. ([Attachment 5](#)) Ms. Luxem expressed gratitude that the 2007 Legislature expanded oral health services to the Frail Elderly Waiver benefit and recommended that oral services be added to the Medicaid program for all adults.

Ms. Luxem stated that FACE of Kansas, the Foundation for Aging and Care of Elders of Kansas, had received a grant to begin their oral health training program, and a registered dental hygienist has been added to staff. The grants allow teaching direct care staff to deliver everyday oral hygiene to residents. Providing good oral health prevents a number of other health-related problems.

David Sanford, Executive Director, GraceMed Health Clinic, Wichita, testified before the Committee. ([Attachment 6](#)) Mr. Sanford stated that GraceMed established a dental clinic in 2005 and with private and public resources is now one of the largest safety net dental practices in the state. The majority of dental encounters were made possible through the Extended Care Permit (ECP) for dental hygienists by the Kansas Dental Board. Hygienists with ECP, under supervision of a licensed dentist, provide preventative care in schools, senior adult group residences, churches and community centers, assuring that targeted underserved populations have access to care.

The Dental Hub project is managed by the Kansas Association for the Medically Underserved (KAMU) and will provide increased access to dental care in 58 counties throughout Kansas. However, there are many areas where uninsured and low-income residents cannot access needed services, so the support of the Legislature, KAMU and the safety net clinics is still needed.

Rhonda Partridge, Prairie Star Health Center, Hutchinson, spoke to the Committee about the success of the

CONTINUATION SHEET

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dental hub in her area. (No written testimony) Ms. Partridge told the Committee the dental hub started in July of last year now has four dental labs, two full-time dentists, and two dental hygienists. Approximately thirty patients are served every day, and walk-ins with pain issues are treated. Twenty percent of their patients are on the Home and Community Based Services Waiver. The dental clinic saw 500 patients in January, and they are presently scheduling into June. She told the Committee that in January, thirty children missed five days in school due to dental issues, so the need to do more exists.

Dr. Glenn Hemberger, Pediatric Dentist, Overland Park, Kansas, testified before the Committee (Attachment 7) Dr. Hemberger stated that the largest strides are with children's oral health care, but the biggest need is in the elderly population. He stated that the majority of elderly patients do not practice daily oral hygiene, which results in:

- root caries – rapid tooth loss;
- periodontal disease–infections/inflammations causing heart disease, diabetes, pneumonia, etc.;
- oral cancer;
- dentures;
- drug-related dry mouth.

Dr. Hemberger seeks to educate dental professionals, the public, families, and nursing home personnel in the need for good oral health care. The goal of the Kansas Dental Association is to establish a team of dental hygienists and dentists to deliver dental care in nursing homes to include: preventive dental care; daily oral health care monitoring; dental cleaning and fluoride treatments; basic dental services in-house, such as extractions, denture care and fillings; and education of future dental students in geriatric dental care.

Dr. Hemberger stressed the need for a simplified and streamlined reimbursement procedure to dental professionals. By doing so, more professionals could be brought into nursing homes and long-term care facilities to provide oral healthcare.

The meeting was adjourned at 5:00 p.m.

The next meeting is scheduled for February 5, 2009.

HOUSE AGING AND LONG TERM CARE COMMITTEE

DATE: 2/3/08

NAME	REPRESENTING
William Littgen	KGC
Kelly Jones	Intern - MSW KU
Debbie Holcomb	Alzheimer's Assoc.
Fadra Andrews Mitchell	Alzheimer's Assn. KU-MSW intern
Cindy Luxem	Kansas Health Care Assoc.
David Ford	Greenwood Health Clinics, Inc.
Kathy Weng	Office of Oral Health - KDHHS
Kathy Greenlee	KS Dept on Aging
Marcia Mauter	Oral Health Kansas
Kathy Sikes	Alzheimer's Assoc Central/Western KS
Michelle Meders	Alzheimer Assoc. - Heart of America
Marty Kennedy	KS Department on Aging
Cathy Harding	KAMU
Connie Husar	KAMU
Shonda Partridge	Prairie Star Health Center
Nick Jordan	Capitol Strategies
Mike Huttles	Oral Health Ks.
Margaret Zillman	SRS/DBNS
Nborah Mince	KHPA

PLEASE USE BLACK INK

HOUSE AGING AND LONG TERM CARE COMMITTEE

DATE: 2/3/08

NAME	REPRESENTING
Jim Beckwith	KCAP

PLEASE USE BLACK INK

ALZHEIMER'S DISEASE:
A GLANCE AT A SHIFTING LANDSCAPE

Testimony: Aging and Long Term Care Committee Meeting
Michelle Niedens, L.S.C.S.W.
Alzheimer's Association, Heart of America
February 3, 2009

5.2 million Americans have Alzheimer's disease, 53,000 from the State of Kansas. Close to 5 times the entire population of my hometown of Parsons. So many Kansans with Alzheimer's disease that they could fill KU's Allen Field House 3 times over. 10% are under the age of 65. Youngest case of Alzheimer's disease is 26 years old. Almost half are in the earlier stages of the disease, often with few people recognizing their struggles. Those individuals brave enough, informed enough and/or supported enough to address the subtle early signs often face misdirected feedback such as "What do you expect at your age?" or "You look normal to me" or hastened assumptions based on too limited evaluations and lack of current understanding of the disease and treatment. While most individuals with Alzheimer's disease live at home, facilities are full of individuals with Alzheimer's disease and other dementias. As the disease progresses to middle stages and beyond, the implications found there force many into long term care settings - what most caregivers refer to as the "most difficult decision of their life". Over 200,000 Kansas family members participate in the care and support of individuals with Alzheimer's disease. A number far greater than every Kansas community bar Wichita. There are other concerning facts. 72% of individuals caring for someone with Alzheimer's present with symptoms severe enough to be diagnosed with clinical depression. With direct implications including poor work performance/increased absenteeism for those in the workforce, premature placement, increased medical problems, increased likelihood of abuse to name a few. Two thirds of individuals with Alzheimer's disease will experience agitation during the course of the disease, one third becoming violent, most of which is preventable if only support and competence were widely accessible. Emergency rooms report regular and frequent instances of individuals brought in as caregivers just simply can't continue or those brought by facilities who have too few staff and too limited training to manage the often preventable symptoms of the disease. Law enforcement is put in the position of tracking individuals with dementia who have wandered. They are called to homes when individuals with the disease are unmanageable. Suicide/homicide is not unfamiliar in this disease. Implications and ripple effects are wide and many - worthy of far more description than I am able to provide in this context. Suffice it to say, when we talk about Alzheimer's disease, we are not talking about directing vital energy and resources towards a limited population with limited return, we are absolutely talking about the fiscal and social integrity of a society.

I have certainly had the opportunity to see many positive advances in the care and treatment of Alzheimer's disease. Research is moving us towards disease halting strategies. Moving us to a day when Alzheimer's disease will be a chronic condition halted in early stage rather than a progressive, terminal one. Genetic studies have advanced understanding of unique differences among those with the disease and, it is

demands bullet points and soundbites. People want information in small pieces so quick answers will be forthcoming. Alzheimer's disease and the many issues it presents for the state can not be condensed in a way that leads to a few quick adjustments. We need due diligence and creative minds working together to formulate a realistic strategy. Frank Lloyd Wright once said that limitations were our friends. Limitations, he felt provoke necessary challenge and creativity. We are living in a day of limitations. But we are not living in a day where we have to set back and accept individual and societal suffering. We, like Mr. Wright, must work with what is and accept the challenge. We applaud the dedication of Representative Bethell and others in efforts to expand access to geriatricians and geriatric psychiatrists through loan forgiveness programs as a beginning to address both current and anticipated critical needs. We feel, given the pressing issues now being faced, that this is the time to move away from compartmentalized responses toward statewide preparedness. For all these reasons and more, we ask for introduction and support of an Alzheimer's State Task Force to study and prepare for us a unified strategy.

KANSAS ALZHEIMER'S ASSOCIATION COALITION PROPOSED PUBLIC POLICY PRIORITIES 2009 SESSION

1. Creation of an Alzheimer's State Task force to develop a statewide Alzheimer's Plan

The task force would be comprised of individuals with various types of expertise who would look at developing a strategic plan and directed effort to insure the needs of Kansans facing Alzheimer's are addressed in an effective way. Some of the issues to be explored are the absence of day programs in many parts of our state, the shortage of respite care providers, state alert systems for individuals with Alzheimer's who wander, dementia competence building, and transportation issues, among many others.

2. Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA/ "Adult Guardianship Act")

In response to common jurisdictional confusion, the Uniform Law Commission developed the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act. The legislation establishes a uniform set of rules for determining jurisdiction, and thus, simplifies the process for determining jurisdiction between multiple states in adult guardianship cases. It also establishes a framework that allows state court judges in different states to communicate with each other about adult guardianship cases.

3. Loan Forgiveness for New Geriatric Psychiatrists

There is a national shortage of specialists in geriatric mental health. While the issues are complex, reimbursement issues have played a role. Medical students with mounting school loans find it difficult to specialize in geriatrics or geriatric psychiatry when, in most cases, reimbursement for such care is much less than in other specialties. South Carolina established a loan forgiveness program for these specialists and have seen an increase in those entering the geriatric psychiatry field, improving access and care to those in their state.

alzheimer's  association®

the compassion to care, the leadership to conquer

Kansas Alzheimer's Association Chapters
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Chairperson Bethell, Vice-Chairperson Hill, Members of the Committee;

This afternoon I stand before you as the voice of the 53,000 Kansans who by 2010 will be afflicted with Alzheimer's and their 83,841 primary caregivers. The 68 counties we represent in central and western Kansas are facing a growing epidemic with little relief on the horizon. Unless research finds an answer to dementia and specifically Alzheimer's in the near future, Kansas needs to be prepared for a looming health epidemic.

Alzheimer's and related dementias do not automatically occur with aging, yet age is the single greatest risk factor. The population of Kansas is projected to continue to grow in the following decades, but much of this growth will occur in the 65+ age category as the baby boomers reach retirement. Population distribution trends also show an accelerated aging in place in rural Kansas. (Kulesar and Bolender, March 2007) The US Census 2006 Quickfacts for Kansas shows some specific trends in the aging population. Statewide the population of 65+ is 12.9%; the national average is 12.4%. What does this mean in regards to the aging population in many Kansas counties? Let's look at one specific example; Ellis County with the urban center of Hays has a 65+ population at 14.8%, not much over the state average. But the bordering counties' population count for 65+ shows Trego (23.1%); Graham (26.7%); Rooks (21.0%); Osborne (24.7%); Russell (23.4%); Rush (24.3%); Ness (26.7%); and Barton, with Great Bend (17.6%). Many counties have close to a quarter of their population entering the age of greatest risk, with one of eight over the age of 65 diagnosed with Alzheimer's disease. And this is before the baby boomers begin to turn 65 in 2011, the beginning of the projected national growth of 36% in one decade.

The impact of Alzheimer's and related dementias could quickly become debilitating to the infrastructure currently in place to handle the disease. For example, in 2006 Kansas nursing home residents numbered 35,392. Of these, 79% suffered from mild to severe cognitive impairment with 48% in the moderate/severe classification. (2008 Alzheimer's Disease Facts & Figures) A 2006 KDOA survey showed that 53% of nursing home residents receive Medicaid. This shows a direct cost of dementia care to the state of Kansas. At any given time 70% of the Kansans afflicted with Alzheimer's are cared for at home, but few people with dementia pass away at home. The lack of services to help with in home care in many parts of the state as well as disease progression is often stated as a contributing cause to nursing home placement. In 2007, 72,371,874 hours of unpaid care was delivered by the family caregiver, valued at \$765,694,424. Is the state of Kansas prepared for this financial drain on resources as these numbers continue to grow?

HOUSE AGING & LONG TERM CARE
DATE: 2/3/09
ATTACHMENT: 2

There are many reasons to support the creation of a State Task Force, but I turn the voice over to two who were unable to make this journey with me. Duane Smith was unable to attend as he is the caregiver of his wife of 55 years. Pat is now in the late stage of the disease. Duane had been the 24/7 caregiver of Pat since her diagnosis in 1999. Duane was forced recently to make the decision to place Pat when the progression of the disease reached a stage that he could no longer care for her at home. His time feeding her lunch each day keeps him from traveling these days. Richard Zabel has been experiencing more "gray days" lately and was not up to the trip today. Richard served 20 years as a chaplain and counselor in the military and retired to Grace Lutheran, where he was pastor for nine years. He was diagnosed with Alzheimer's after members of his congregation noticed a change in his ability to deliver his sermon's on Sunday morning. He was 59 years old. His wife Cherie cares for Richard now 61 and both of her parents in their home, while maintaining her job as an elementary school librarian. Duane and Richard's written testimony is attached and reminds me of the importance of what we are doing here today.

The creation of an Alzheimer's State Plan Task Force would help Kansas create an Alzheimer's disease state plan as well as advance policy solutions to implement the state plan recommendations. This task force would collect the information needed to assess the impact of cognitive impairment on individuals, families and communities in the state. To this end, we recommend the use of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System by adding state questions for 2010 to assess the impact of cognitive impairment among other statewide sources. Another possible source would be in partnership with the Alzheimer's Association Central and Western Kansas. As part of the Rural Kansas Alzheimer's Education Initiative funded in part by a grant from the Kansas Health Foundation, surveys could be conducted as part of 7-8 education events occurring from 2009-2010. Once collected the information would be used to outline comprehensive strategies that will guide the development of state policy that would effectively meet both individual and state needs.

Specific areas of concern that are presented as we work with the family caregiver as well as the professional include:

- **Availability of Adult Day Care:** The family caregiver who is employed outside the home is often faced with placement when the disease progresses to the point the family member can no longer remain alone.
- **Respite:** The 24/7 caregiver needs a break for their own mental and physical well-being. Many cannot afford or find available this much needed service that could prevent health issues in the caregiver.
- **Transportation:** One of the many issues facing families is that of transportation. Without public transportation, how can their loved one have their ability to drive taken away, even though this is an area of great concern?
- **Financing Services:** Our current system has an institutional bias that excludes many cost effective alternatives. Even our designations of health services in the state precludes many who have made provisions such as long term care insurance from taking advantage of healthcare options, i.e. Home Plus.
- **Professional Dementia Care Education:** In many parts of Kansas, receiving continuing education for dementia care is cost prohibitive, even with discounted programs from non-profits available. Since the average census of nursing home care has a high instance of dementia, continuing education for professional caregivers should be a priority.
- **Public Education and Awareness:** Early detection is important in providing quality of care. Public awareness of the disease can not only educate on the warning signs but reduce stigma associated with dementia.

- **Availability of Healthcare:** For many in Kansas, the availability of healthcare involves long drives to find care, most often when needing a specialist. For those in western Kansas their health care options are often found in Colorado, and many along the Oklahoma border use facilities located in the panhandle of Oklahoma or for southeastern Kansas, Bartlesville and Tulsa.

Kansas would be joining other states who are already working to prepare for the impact of Alzheimer's disease. Legislation to create a state plan task force is included in the Council of State Government's Suggested State Legislation vol. 68 (2009). Kentucky and Iowa have completed state plans that are available through their government websites. Other states with plans include bordering states Colorado and Oklahoma. Arkansas introduced HB1014 to create the Arkansas Task Force for the 2009 legislative session. Alzheimer's National Champion University of Arkansas legend Frank Broyles, who was the caregiver of his wife until she lost her battle with Alzheimer's in 2004 stated,

"In 10 or 15 years, it's (*Alzheimer's*) going to bankrupt the government. If I'm a businessman and I have an office that's costing me so much money it's going to break me, I'm going to correct it. . .What this task force is going to do is study the problem and study where we are going to put the money and where we are going to get the awareness and get the education. There is no substitute for preparation."

So do I stand here today as the granddaughter who lost two grandmothers to dementia and Alzheimer's disease, or the niece whose aunt was diagnosed last year? Yes, but we represent so many more. In a recent Crisis Intervention Training in Sedgwick County, when confronted with the issues the family caregiver deals with every day, a young officer asked, "Why don't they just put them in a nursing home?" While there were many reasons offered one that resonated was the cost of a facility placement being \$4,000-\$5,000 per month. The stunned officer sat back in his chair and said, "If that is what it costs now, what's going to happen to me?" So I also stand here representing that young officer, my 23 year old son, your children and generations to come. If we don't act now, how do we answer the question of those who will be facing this devastating disease in the future, "What's going to happen to me?"

Thank you for your time and attention.

Kathy Sikes, MA
Program Director
Testimony; Kansas House of Representatives, Aging and Long Term Care
February 3, 2009

Members of the Committee:

In dealing with the projected rapid growth in Alzheimer's disease and therefore a rapid growth in the number of family caregivers, there is a correlation between your knowledge of the related issues and your ability to respond to the challenge of living with the disease. You need access to education and services to feel there is a force on your side to give you the best chance of coping with the disease. The state can fulfill this need by putting in place a task force to create as well as recognize and utilize existing systems to deliver help to individuals already struggling to keep up with the problems of dealing with the disease.

Depression and serious health problems in caregivers are due to three factors:

- a) a lack of knowing where to turn—and what specific help is available to help them get through another day of caring
- b) the feeling that you are going it alone in your high stress situation
- c) a lack of funds to make affordable some of the options in care, like respite care relief and in home help.

When these factors are present, you feel trapped in a deteriorating situation you are helpless to turn around.

I appreciate the aid from organizations such as the Alzheimer's Association, who work with inadequate funding to deliver caring help to people who are out of options. This lack of attention from the state for caregivers is inevitably going to lead to a serious drain on state funded resources related to health problems of our aging citizens of Kansas. The rapid growth in Kansans suffering with Alzheimer's disease needs additional attention from the state to recognize the health issues this creates for the close to 84,000 family caregivers.

The state can keep this problem at a manageable level now through strategically applied services of caregiver support and education about care options. Prevention is more cost effective and productive than the cost of a rising healing need created by the physical, mental, and emotion drain on the caregiver. In 2006, 78 million baby boomers were nearing age 60—by 2030 all will be over 65. Today there are close to 53,000 Kansans with Alzheimer's. This Kansas number is growing rapidly, just as is the national figure.

But the crisis in Alzheimer's proliferation and the pressure for help for caregivers is a local problem in Kansas. Family caregivers are hampered by a lack of knowledge and funds needed to deliver the proper level of care. The current rapid growth in diagnosis puts extreme pressure on the support systems at the local level. These support systems must be able to keep up with the growth in the prevalence of Alzheimer's disease in Kansas—or the state society suffers a breakdown in the senior citizen population, who can least afford being left adrift and frustrated as they look in vain for help.

A State Alzheimer's Task Force is the logical and best prepared force to lead Kansas through this rapidly growing problem. The state must come to the aid of a vulnerable group of citizens who have served their state and country. We need help on the local level. The need is growing each year—the state needs to respond to the urgent call for help from her citizens.

Thank you,

Duane Smith, Caregiver
Wichita, KS

Dear Sirs:

I strongly recommend that a State Task Force for Alzheimer's must be formed.

The rate of Alzheimer's per capita is greatly increasing with the aging population in the State of Kansas.

This fact alone makes it crucial to organize a task force to address this issue in terms of raising the level of awareness and education. There are not enough educational services to adequately deal with Alzheimer's.

Another area is services available to the families dealing with Alzheimer's. Transportation, healthcare assistance, respite for caregivers all are hard to find for many. And for another crucial bracket they do not exist.

A task force is also needed to deal with another crucial bracket of the State population. Those in their fifties and sixties who have early on-set Alzheimer's and are not aware of it. These early on-set persons can easily put those under them at risk without knowing it.

This task force is crucial in raising the public awareness level through education, so that those who are aware that they are forgetting things can be made recognize themselves , and usually with the help of others, that they do have early on-set alzheimers.

This Task Force is absolutely essential.

Sincerely,

Richard L. Zabel, early onset board member
Alzheimer's Board
Central and Western Kansas Office



Presentation before the House Long-Term Care Committee
Marcia Manter, MA
February 3 2009

Board of Directors

Mary Baskett, MPA
KS Head Start Assn.

Barry Daneman
UMKC School of Dentistry

Karen Finstad
Delta Dental of KS Foundation

Ron Gaches, JD
KS Dental Hygienists' Assn.

Janelle Garrison
KS Health Policy Authority

Raj Goyle

Cathy Harding, MA
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Mark Herzog, DDS

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Denise Maseman, RDH, MS
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Chairperson Bethel and Members of the Committee:

Thank you for the opportunity to provide an update on Kansas initiatives to provide oral health services to those in long-term care facilities. My name is Marcia Manter, representing Oral Health Kansas, the statewide oral health coalition. My role is community development, and in that capacity I direct grant-funded initiatives designed to improve the oral health of children with special needs, adults with developmental disabilities, and frail elders. Annette Graham, Oral Health Kansas partner in developing a model of oral health services for frail elders, will speak about this initiative.

Serving residents in skilled nursing facilities is not new. For more than 20 years a few individual dentists and dental hygienists have been providing limited care – from dental examinations to tooth extractions, to toothbrushing and training nursing staff to perform daily oral hygiene care.

What is now new in Kansas is an organized statewide approach to oral health care for elders through partnerships among dentists, hygienists, safety-net clinics, state agencies, professional associations, and long-term care facilities.

The American Dental Association set the stage for this growth of coordinated oral health services with its seminal report from its *Task Force on Elder Care: Vision for the Future and Recommendations*. The report documented examples of poor oral conditions of Americans over 65 and barriers to seeking care.

It's important to consider the financial challenges elders face in receiving dental care: Medicare offers no dental coverage, although Medical Advantage programs may offer discounts from some dentists on certain dental services. AARP offers a dental health plan for \$600.00 per year. Most AARP dental services have a 50% co-pay, with a cap of \$1,350 per year. Medicaid covers services for those on the Home and Community Based Frail Elderly Waiver... approximately 6,000 people. Residents of nursing homes enrolled in Medicaid have some coverage through the Post Eligibility Treatment of Income provision.

The majority of Kansas dental offices are clustered where people live: big cities and their suburban areas, as well as communities dotted throughout Kansas landscape: Emporia, Manhattan, Junction City, Salina, Pittsburg, Hays, Garden City, Colby, Great Bend, and Dodge City. Thirteen counties have no

dentist, and many more have only one practicing dentist, some practicing part time.

Access to dental care is a significant challenge faced by residents of skills nursing centers and assisted living centers. Residents who are confined to a wheelchair must seek dental facilities that are wheelchair accessible. Others are too frail physically or mentally to travel to a dental office, especially if they have to travel an hour or two across county lines. Organizing transportation is a major challenge, in cities as well as rural areas.

Our presentation today features community leaders speaking about their innovative, coordinated initiatives designed to improve the oral health of elders:

*Annette Graham, Executive Director of Central Plains Area Agency on Aging based in Wichita, on her agency's newly developing oral health services for frail elders living primarily in assisted living centers and community senior-focused housing, called Smiles for a Lifetime

*Cindy Luxem, Executive Director of Kansas Health Care Association, on her association's program which is training direct care staff in daily oral hygiene care

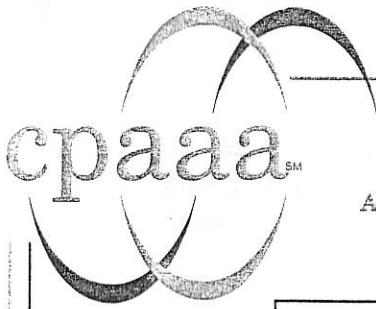
*Dave Sanford, Executive Director, GraceMed Health Center, on its dental clinic's services in long-term care facilities using Extended Care Permit hygienists and an overview of Kansas Dental Hubs

*Dr. Glenn Hemberger, immediate past president of Kansas Dental Association and a practicing dentist in Overland Park, on the ADA Task Force on oral health of elders and KDA's model of oral health care in long-term care facilities.

I will be happy to stand for questions.

Respectfully submitted,

Marcia Manter, Community Development Specialist
Oral Health Kansas



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Kelly Parks

Gwen Welshimer

Testimony before the Kansas House Long Term Care Committee Annette Graham, LSCSW February 3, 2009

Good afternoon and thank you Chairman Bethel and Committee members for allowing me this time to address your committee today. My name is Annette Graham, Executive Director of the Central Plains Area Agency on Aging (CPAAA). We provide and coordinate services for older Kansans and caregivers in the Butler, Harvey and Sedgwick Counties. In 2008 our agency served approximately 1750 individuals through our in home service programs and we provided over 9700 individuals with information and assistance services. CPAAA has a long history of providing services and serving as a trusted resource for older adults and their families.

Over the years the lack of access and resources for dental health services for older adults has been continually identified as one of the top unmet needs in our community. It is a need that has been seen by the case managers that work day to day with older adults. It has been a struggle to locate affordable, accessible oral health services. CPAAA agency has been able to utilize some service dollars under the Senior Care Act program to pay for very limited dental care but these funds have been very limited and have only been used in extreme emergency situations. The need for oral health care for elders has continued to grow, and it became increasingly apparent that this was an area for focus and program development. We began looking at how to address this issue.

CPAAA began to focus on the issue of oral health for seniors, completing research, gathering information and seeking funding for program implementation. A grant was submitted but was not funded in 2006. Sedgwick County Board of County Commissioners provided funding through the Division of Human Services which includes CPAAA/Sedgwick County Department on Aging, COMCARE of Sedgwick County and the Sedgwick County Community Developmental Disability Organization. These funds were utilized to meet the dental needs of the populations served by these agencies. This allowed us the opportunity to further identify the needs of the senior population and to learn more about the dental services available in our community.

In 2007 we applied for grant funding and were awarded funds to develop and implement the "Healthy Teeth, Healthy You" program in Sedgwick County. This program allowed us to partner with GraceMed Health Clinic. We worked together

HOUSE AGING & LONG TERM CARE
DATE: 2/3/09
ATTACHMENT: 4

to provide community education for older adults and caregivers about the importance of oral health. The link between oral and physical health and visual screenings were provided in community based settings. Over 300 people were provided education and individuals were screened by a Dental Hygienist.

In 2008 we partnered with the Sedgwick County Health Department to obtain dental supplies for older adults, and we continued to provide limited education and screening events in partnership with GraceMed.

Oral Health Kansas has been a valuable resource; they have assisted CPAAA by providing information, education and opportunities to learn more about oral health in Kansas. They approached us about a grant they were pursuing and we gladly partnered with them in the application. We are now working with them on the grant funded program that is being developed and piloted in our tri county area of Butler, Harvey and Sedgwick Counties.

The program, titled "Smiles For a Lifetime" is a pilot project which is multifaceted. The intent is to improve the oral health of frail elders residing in the community. It is partnership with GraceMed, Health Ministries of Newton, community dentists, and county Departments on Aging. There are four components of the project:

1. Case managers identifying oral health concerns of the older adults they serve in their formal annual assessment process, and during other times of the year.
2. Case managers and other home care providers offering ongoing oral health education to elders and their caregivers.
3. Dental hygienists with Extended Care Permits offering services to prevent oral health disease using in Assisted Living and Senior Centers.
4. Care coordination to assist the senior to obtain access to dental care service.

HCBS-FE Medicaid waiver covers the cost of dental hygiene services to prevent oral disease and dental services for restoration and dentures. In the CPAAA area of service we currently serve approximately 1100 adults age 65 and over and based on the 2006 census estimates from the Administration on Aging there are 65,724 adults age 65 and over in our three county area.

We are excited about this project and the opportunity to present this information to the committee today. Thank you for the opportunity to provide testimony today.

I will be happy to stand for questions.

Annette Graham, LSCSW
Executive Director
Central Plains Area Agency on Aging



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February 2, 2009

To: Rep. Bob Bethell, Chairperson, House Committee on Aging and Long Term Care
From: Cindy Luxem, Executive Director, Kansas Health Care Association/Kansas Center for Assisted Living
Re: Oral Health Training for Nursing Home Staff

Thank you Mr. Chair, and members of the committee.

Kansas Health Care Association/Kansas Center for Assisted Living is trade association representing over 180 providers in Kansas. As a part of our work, we are always looking at ways to improve the care our residents receive in nursing homes and assisted living homes across the state.

We had the great opportunity in the to bring, Loretta Seidl, a registered dental hygienist, card carrying-extended care permit hygienist, to our staff. Our foundation, FACE of Kansas, the foundation for Aging and Care of Elders of Kansas had received one grant from the Kansas Department on Aging and then in November 2007 a grant from the United Methodist Health Ministries to start our oral health training program.

You will hear today about some very serious reasons to make sure the oral health of our seniors remains at the center of their quality of life discussion. Oral health in nursing homes is getting more attention. The Quality Indicator Survey system, Kansas being a pilot state, asks specific survey questions about oral health care. The new minimum data set (MDS) the tool to assist in providers receiving their reimbursement, will add oral health questions to the new tool being in the fall of 2009.

The great thing about our grant funded project, we are teaching direct care staff to deliver every day oral hygiene to their residents. We believe a side benefit is the staff will also see improved oral hygiene as they see its significance.

The level of frailty that residents are coming into our nursing homes is increasing. They have many needs often times with dementia/Alzheimer's disease being at the core of their diagnosis. On any given day, we have over 19,000 residents in long term care environments. Through our grant we are touching over 1600, but that is not enough. We are very grateful the 2007 legislature expanded oral health services to the Frail Elderly Waiver benefit. But of course, we need to do more.

In another budget time, we would like to recommend that oral services be added to the Medicaid program for all adults.

Thank you for your time. Cindy Luxem

HOUSE AGING & LONG TERM CARE
DATE: 2/3/09
ATTACHMENT: 5



Kansas Association
for the
Medically Underserved
The State Primary Care Association

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Testimony on:
Oral Health Care: Extended Care Permits

Presented to:
House Aging and Long-term Care Committee

By:
Dave Sandford, Executive Director
GraceMed Health Center

February 3, 2009

For additional information contact:

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Primary Care Safety Net Clinics - A Good Investment

HOUSE AGING & LONG TERM CARE
DATE: 2/3/09
ATTACHMENT: 6

GraceMed

A Health Ministry of the United Methodist Church
Kansas West Conference

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Testimony on Oral Health Care: Extended Care Permits

February 3, 2009

Presented by: David Sanford, CEO
GraceMed Health Clinic, Inc., Wichita, KS

Mr. Chairman and members of the House Aging and Long Term Care Committee, my name is Dave Sanford and I'm the CEO of GraceMed Health Clinic, Inc. in Wichita. GraceMed is a faith-based, non profit health care ministry of the United Methodist Church Kansas West Conference. We are also a Federally Qualified Health Center (FQHC) providing both medical and dental services for residents of South Central Kansas. I appreciate the opportunity to visit with you and represent the Kansas Association for the Medically Underserved (KAMU) and its member clinics.

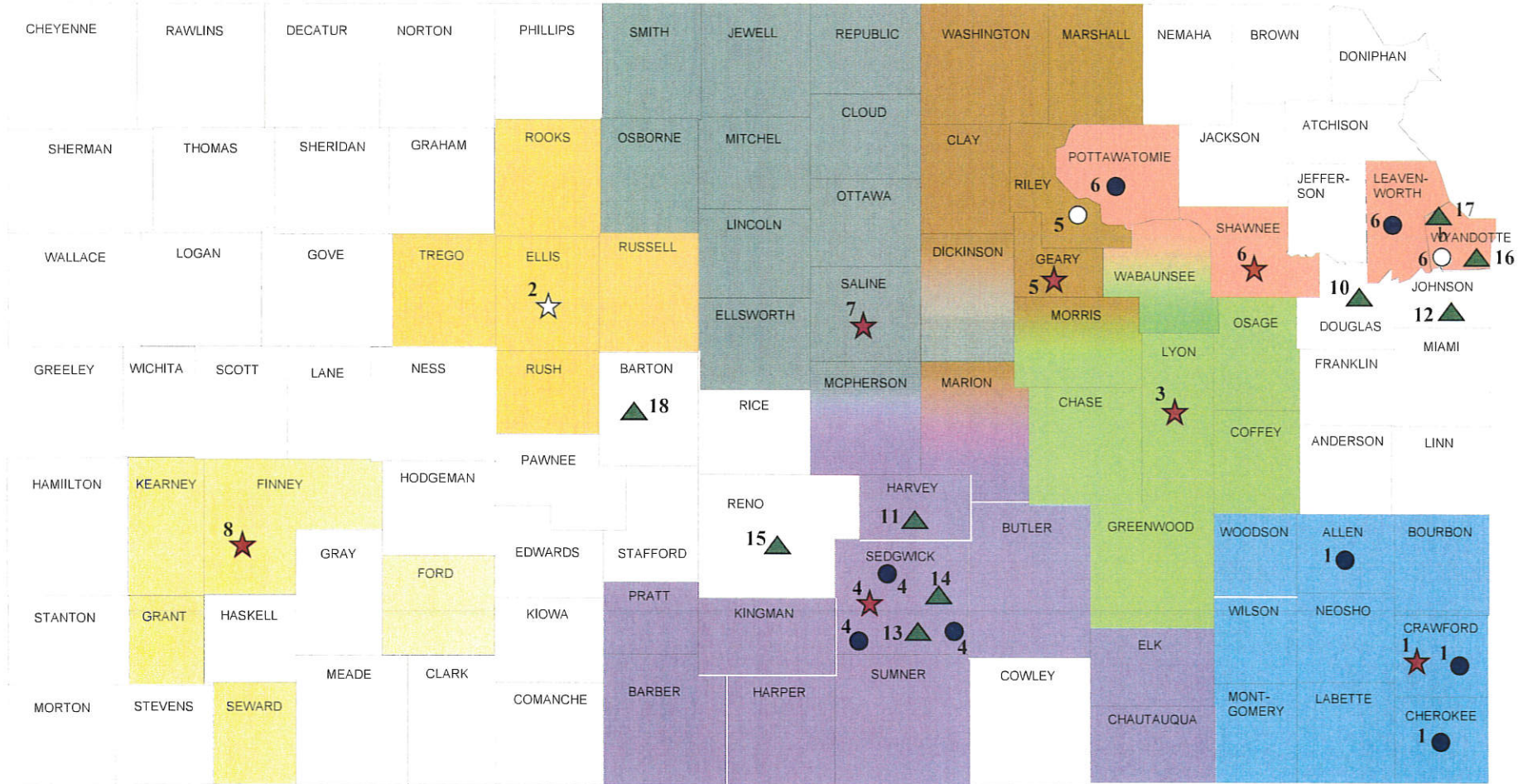
GraceMed established its dental clinic in 2005 and with assistance from both private and public resources has become one of the largest safety net dental practices in the state. In 2008, we provided quality oral health care services through 20,528 patient visits, including 7,762 dental hygiene encounters. The majority of these hygiene encounters were made possible through the establishment of the Extended Care Permit (ECP) I & II for dental hygienists by the Kansas Dental Board.

Dental Hygienists with Extended Care Permits are able to provide quality preventative care services at non-traditional delivery sites (e.g. schools, senior adult group residences, churches, community centers), assuring that underserved target populations have access to care. The hygienists are still under the supervision of a licensed dentist, yet may provide a defined scope of oral health care services outside the dentist's office.

At GraceMed, we are fortunate to have four dental hygienists, each with an Extended Care Permit. Initially (2006-2007), our hygienists used their ECP exclusively to provide care for uninsured and underinsured children in the greater Wichita area. We established agreements with Head Start programs, pre-kindergarten centers and both public and private schools to deliver care at their facilities. Starting in 2008, we began to expand the delivery of oral health care services to senior adult group residences (e.g. nursing homes, assisted living centers). We currently have eight senior living organization "partners" and will be developing additional delivery sites in 2009.

Some of our other partners are here today including Oral Health Kansas and the Central Plains Area Agency on Aging. Together, we are participating in a project to identify seniors who qualify for the "frail and elderly" Medicaid waiver benefit, insuring these "at risk" seniors have access to quality oral health care services.

2009 Safety Net Dental Clinics, Dental Hub, and Spokes



Clinics receiving Dental Hub funding from the State and/or Private Foundations

1. Community Health Center of South East Kansas & Spokes
2. First Care Clinic of Hays
3. Flint Hills Community Health Center
4. GraceMed Dental Clinic, Inc. & Spokes
5. Konza Prairie Community Health Center & Spokes
6. Marian Clinic & Spokes
7. Salina Family Health Care Center
8. United Methodist Mexican-American Ministries, Inc.

Other Safety Net Dental Clinics

10. Douglas County Dental
11. Health Ministries Clinic
12. Health Partnership of Johnson County
13. Healthy Options for Kansas Communities
14. Hunter Health Clinic
15. PrairieStar Health Center
16. Southwest Boulevard Family Health Care
17. Swope Health, Wyandotte and Quindaro
18. We Care Project, Inc.

Service area (Shaded)

★ Existing Hub

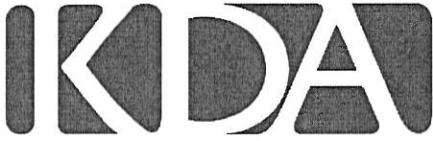
☆ Planned Hub

● Existing Spoke

○ Planned Spoke

▲ Safety Net Dental Clinic

As of 1/30/09



KANSAS DENTAL ASSOCIATION

February 3, 2009

To: House Committee on Aging and Long Term Care

From: Dr. Glenn Hemberger, DDS
Immediate Past President, Kansas Dental Association

RE: **Oral Health and Kansas Elders**

Update American Dental Association Task Force on Elderly Oral Care Report

Focus: Vulnerable Elderly: Limited mobility, Limited Resources, Complex Health Issues
(Hypertension, arthritis, heart disease, diabetes and cancer)

Summary of Task Force Report

Most disturbing finding was that the majority of vulnerable elders no longer practiced basic daily mouth care of brushing, rinsing, denture cleaning and control of dry mouth

Oral Concerns: (see photo)

- Root Caries – rapid tooth loss
- Periodontal (gum) disease (infection complicating systemic heart disease, diabetes, pneumonia, etc)
- Oral Cancer
- Dentures
- Drug-related dry mouth

American Dental Association – Kansas Dental Association: Oral Healthcare Campaign for the Elderly

- Awareness to dental professionals, to public, to families and to nursing home personnel
- Goal – To establish an oral healthcare model within the state of Kansas. Team of dental hygienists and dentists to deliver dental care in the nursing home which includes: a) Preventive Dental Care – Educating Administration, RN, CNA and family members b) Monitor daily oral healthcare c) Provide dental cleanings and fluoride treatments d) To perform basic dental treatment needed in house such as extractions, denture care and filling e) educate future dental students in geriatric care through grand rounds

HOUSE AGING & LONG TERM CARE
DATE: 2/3/09
ATTACHMENT: 7