



Hamilton

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 16, 2014
SUBJECT/REPORT NO:	Provincial Dental Program Integration - BOH14020 (City Wide)
WARD(S) AFFECTED:	City Wide
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SIGNATURE:	

Council Direction:

Not Applicable

Information:

On December 16, 2013 the Ministry of Health and Long Term Care (MOHLTC) announced major changes to financial assistance programs for publicly funded dental care provided to children and youth under 18 years of age, from low income families.

There are six publicly funded dental programs in Ontario that provide oral health care to children and youth under 18 years of age: Healthy Smiles Ontario (HSO); Children in Need of Treatment (CINOT); CINOT Expansion Programs; the Ontario Disabilities Support Program; Assistance for Children with Severe Disabilities Program, and preventive oral health services within the Ontario Public Health Standards (OPHS). In August 2015, all six publicly funded dental programs will be integrated into one program (see Appendix A). Children on social assistance programs will be automatically enrolled into the new dental program. All other children and youth from low income families will need to apply through a provincial, centralized application process.

On April 1, 2014, financial eligibility was expanded for the HSO Program. The previous eligibility amount was restricted to low income families with an adjusted family net income of \$20,000 or less. The increased eligibility amount is \$21,513 for one child,

and increases approximately \$1,500 per child above this base amount. This eligibility amount will be adjusted again in July 2014 to align with child tax benefits. With the April 2014 increased financial eligibility amount for HSO, the MOHLTC estimates that 70,000 children will now be eligible and anticipate about a 40% uptake. The MOHLTC states that increased fee for services costs can be absorbed within the existing HSO budget for dental payments.

There are very few details available about the final program framework. However, important elements of the integrated program will include:

- A single fee schedule for dental care providers that will include preventive and treatment services.
- Program administration and claims payment will become centralized and administered by a third party provider that has not yet been determined.
- The integrated program will be 100% provincially funded through the MOHLTC.
- Dental treatment can be provided in private practice dental offices and in community settings, including public health clinics.
- Discussion of possible co-payment arrangements for eligible low income families with limited dental coverage.

The Ministry has asked for input from Public Health Units and will be creating several advisory groups. Issues that may be addressed include:

- The development of an urgent care stream for children with urgent dental needs who are not financially eligible for the new program.
- Articulating Public Health's role in providing clinical oral health services, as well in access to dental care and enrollment in the new program.
- Case management of children with urgent dental needs who are identified by Public Health.
- Budget oversight of fee for service payments to dental providers given that it will now be done by a third party administrator.

Ontario Public Health Standards

In the proposed new program, two requirements and their accompanying protocols will be removed from the Ontario Public Health Standards.

- "The Board of Health shall provide the Children in Need of Treatment (CINOT) program in accordance with the Children in Need of Treatment (CINOT) Program Protocol, 2008 (or as current). For CINOT eligible children, the board of health shall provide referrals to oral health care providers and monitor the actions taken."

- “The Board of Health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the Preventive Oral Health Services Protocol, 2008 (or as current).”

MOHLTC has indicated that approaches to case management and follow up of children identified with urgent dental conditions will be addressed in the new program design and that clinical oral health services can still be provided through existing Public Health clinics. However, there are a number of concerns with the new HSO program that may create gaps in services to Hamilton’s most vulnerable populations. At this time, the full impact of the changes to the dental programs on funding and staffing cannot be determined. There are some functions that Public Health currently provides that will no longer be required, for example HSO, CINOT and CINOT expansion claims payment will become centralized.

MOHLTC has indicated that Public Health will continue to have a role in oral health promotion, outreach in the community, oral health screening in the community and in schools, clinical dental services, and assist families in navigating access to care. Oral health staff has been advised of the provincial changes and will continue to be updated when more information is received from the Ministry.

Provincial Election Impact

The June 2014 provincial election may impact the future plans for the new HSO program. Staff will provide an update to the Board of Health as more information is available.

Appendices and Schedules Attached

Appendix A to Report BOH14020 - Ontario’s Dental Programs & Services for Children & Youth - 17 Years of Age & Younger (under age 18 years)

Acknowledgements

Dr. Robert Hawkins WDGPHU BOH report - BH.01.APR0214.R08- April 2, 2014