

**Ministry of Health
and Long-Term Care**

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**Ministère de la Santé et des
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Date June 2, 2015

Re: Status update on low income dental integration

Dear colleagues,

We are writing in follow up to a bulletin that was posted on the Ministry of Health and Long-Term Care's website regarding Low Income Dental Integration (LIDI). As you know the Government of Ontario announced its intent to integrate a number of oral health programs into a single 100% provincially-funded program in December 2013.

This commitment is about supporting Ontario's most vulnerable children and families. The Ontario government is seeking to make improvements to current programs and/or benefits to make them easier to understand and navigate, to expand access, to implement administrative improvements to encourage provider participation, and to achieve and demonstrate improvements in the oral health status of the children and youth served.

The Ministry of Health and Long-Term Care has been working to implement the LIDI commitment in collaboration with delivery partners, including public health units. The advice of the public health and other sectors has been invaluable as this work proceeds. A number of concerns related to this commitment were raised with respect to eligibility once the programs were integrated and the aggressiveness of the implementation time lines.

We are writing today to reassure you that your concerns have been heard. Minister Hoskins has made it clear that the Ontario government is committed to ensuring that currently eligible children will continue to be eligible in the future state integrated program.

As you likely know, the future state program has an income eligibility threshold which is higher than the current Healthy Smiles Ontario program but more restrictive than current eligibility for preventive

services under the Ontario Public Health Standards (OPHS). As well, in the current Children in Need of Treatment Program (CINOT) families are asked to attest to financial hardship and children have access to a robust schedule of services.

Based on your feedback and the understanding of eligibility requirements for the current programs, the new program has been adjusted to ensure that currently eligible children continue to be eligible. With respect to preventive services, public health units will be asked to assess eligibility for preventive services which will be available to clinically eligible children whose families attest to financial hardship. The services that will be included in this component of the program are being considered by the Dental Services Schedule Review Expert Panel (DSSREP) based on the 3 services currently in the Preventive Services Protocol of the OPHS. This approach will, in fact, make more children eligible than in the current state under the Protocol which currently defines financial eligibility as one of the following: enrollment in the CINOT program; the child is a dependent of a recipient of the Ontario Child Benefit, or the family's income is below the financial eligibility cut-off (the cut-off is set at 20 percent above Statistic Canada's low income cut-offs).

In terms of urgent treatment, access to this stream of the program will continue to be based on clinical need and attestation of financial hardship. The DSSREP has been asked to provide advice regarding a definition of urgent need as well as a related basket of services. The Panel will be providing its advice to government in the coming weeks however, this aspect of the program will ensure that children in urgent need are provided with access to an appropriate course of treatment to fully address the urgent need. Providers will also have the discretion to be able to provide additional treatment to children where other clinical needs would soon become urgent if not addressed. Further operational details related to this component of the program will continue to be developed once advice from the DSSREP is received. The Ministry will also provide further direction to Public Health Units on a common approach to be employed to assess financial hardship for preventive and urgent treatment.

A working group is also being established to review the current protocols under the OPHS related to all aspects of oral health within the context of the newly integrated program. This group will be providing advice to the Ministry in the coming months regarding new and related requirements to be included in the OPHS.

Lastly, we have heard your concerns regarding the aggressive timelines for this project. While we feel it is important for children and families to benefit from this initiative as soon as possible, we share your commitment to getting it right, and the Ontario government has extended the full implementation date out to January 2016. We understand that a shift in date at this point may have implications for public health unit budgets for the 2015 fiscal year, and we will be following up with you shortly regarding these impacts. The ministry will work closely with each health unit to mitigate these potential impacts and ensure all health units are able to continue to meet the needs of the current programs until the launch of the integrated program, taking place in January 2016.

In response to some of your questions regarding planning for this program beyond 2016, the ministry continues to explore ways to improve accountability and transparency of provincial public health funding that aligns with other ministry funding processes and principles, with a view to achieving a more equitable approach to public health funding more broadly.

In closing, we would like to reiterate how invaluable your input has been as we have worked to implement the LIDI commitment. I know that your concerns demonstrate the level of your commitment to Ontario's children. We look forward to your continued advice and collaboration as this work continues. If you have any questions related to implementation of the LIDI commitment please contact

Liz Walker, Director, Public Health Planning and Liaison Branch at 416-212-6359 or by email at Elizabeth.Walker@ontario.ca.

Sincerely,

A handwritten signature in dark ink, appearing to read 'RM', with a long horizontal flourish extending to the right.

Roselle Martino
Executive Director
Public Health Division

A handwritten signature in dark ink, appearing to read 'MG', with a long horizontal flourish extending to the right.

Martha Greenberg
Interim Assistant Deputy Minister
Health Promotion Division