



In January 2016, these programs will be integrated into one program under the HSO brand. The new integrated HSO program aims to improve access to oral health services to eligible children and youth through a streamlined registration and enrolment process. The overall goals are to improve oral health outcomes for enrolled clients and enable better measurement and monitoring of program elements. A key principle of the new program is that access to oral health services are maintained with strong support to clients so they get the oral health care they need. The MOHLTC has established a mixed service delivery model which includes Public Health clinics, fee for service providers, and community partners. Claims administration and direct enrolment of children and youth into the core stream of the program will be provided by a third party administrator; these functions will no longer be provided by Public Health Units.

The MOHLTC states that eligibility is being “simplified, streamlined and expanded” and that changes have been made to increase the number of children and youth who would be eligible. For example having dental insurance will not automatically mean that clients are not eligible for the program. The program will have a benefit year of August 1 to July 31.

The new HSO program will be 100% provincially funded and the MOHLTC will oversee the program. There will be continued transfer payment agreements with Public Health Units for their role in the delivery of the new program including a comprehensive role in program delivery, continued operation of public dental clinics and a range of client support activities. The MOHLTC will also be responsible to oversee and fund the provision of dental services by fee for service providers through the centralized program administrator.

Currently, components of the new HSO program fall under the OPHS such as CINOT, CINOT expansion and preventive oral health services protocol. These programs will collapse into the new HSO protocol and will fall under the OPHS. There will be four streams for clients to follow to access the new HSO program.

1. The Social Assistance Stream is for clients under 18 on social assistance. These children and youth will be automatically enrolled into the program and do not need to apply as long as they are receiving Ontario Works, Temporary Care Assistance, Assistance for Children with Severe disabilities or are on ODSP.
2. The Non Social Assistance Stream is similar to the existing HSO program. Clients register into the program directly through the third party administrator. They must be under 18, be a resident of Ontario and meet financial eligibility criteria to access the program. Each year, those enrolled in the program will be automatically assessed using current tax data and will be notified about their enrollment status.
3. The Emergency and Essential Care Stream replaces the existing CINOT and CINOT expansion programs under OPHS and clients can enroll at a fee for service provider or through the Public Health Unit. The claim will be processed through the 3<sup>rd</sup> party administrator. The client must be under 18, be a resident of Ontario, have an urgent

clinical need and attest to financial hardship. The benefit year will be 12 months from the enrollment date. For emergency care clients may receive limited treatment before they receive their cards.

4. The Preventive Services Stream replaces the existing Preventive Services Protocol under OPHS. Clients who may not be eligible for the Core Program may still access preventive services. The client must be under 18, be a resident of Ontario, attest to financial hardship and show clinical need. Clinical criteria are currently being developed by an expert panel. Public Health Staff will assess clinical need based on this new criterion.

Public Health Units will continue to play an essential role in the delivery of the new HSO program in their communities. Key Public Health roles include policy development, health promotion and public education, school based dental screening, case management and follow up, delivery of preventive and other clinical treatment services, client navigation, data collection, program evaluation and reporting. Public Health Units will also continue to monitor water fluoridation.

During this transition time Oral health staff has been continually updated about program changes and continue to play an integral role in the program changes. City of Hamilton Public Health has followed Ministry direction in disseminating information to clients currently enrolled in Healthy Smiles Ontario and CINOT. The MOHLTC is communicating with fee for service providers in the province individually and through the Ontario Dental Association to notify them of program changes. The MOHLTC will provide further information to Public Health Units over the fall months including:

- An Operational Guide, Program forms, Client Guide, Service and Fee schedules,
- Program information including brochures, web content and marketing materials, and
- Funding guidelines for Public Health Units for the transitional months and future state.