

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	December 7, 2015
SUBJECT/REPORT NO:	Healthy Smiles Ontario Dental Program Integration BOH15033(a) (City Wide)
WARD(S) AFFECTED:	City Wide
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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.

Current Dental Programs

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).

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 was adjusted again in July 2014 to align with child tax benefits.

Transition to New Healthy Smiles Ontario program

In November 2014, MOHLTC announced that the new HSO program would launch on August 1, 2015. MOHLTC advised Public Health Units to plan budgets for 7 months in 2015 with the current funding formula of 75% provincial subsidy for CINOT and CINOT Expansion. All other dental programs are funded at 100% provincial subsidy. The new HSO program that combines the six publicly funded dental programs will be funded at 100% provincial subsidy effective January 1, 2016. Dental claims payments to dental providers will be managed by a third party provider.

As a result of the reduced municipal contribution, Board of Health approved the allocation of the 25% municipal contribution to invest in Seniors Oral Health (BOH15010). Clinic expansion to serve seniors began in August 1, 2015. Community outreach planning is in progress and a more detailed report will be provided to inform 2016 budget decisions.

MOHLTC was unable to meet the August 1, 2015 target for launch of the new HSO program and deferred the start date to January 1, 2016. They recognized that this would result in budget pressures for August 1 – December 31, 2015 and provided 100% provincial funding to offset any pressures in CINOT and CINOT Expansion.

Public Health Units were asked to do extra activities related to the transition of the claims payments to the province. Activities include communication to clients, data cleansing of the database and advising dental providers of the new process for claims payments. Clients have been contacted and registered for the new HSO program so that any dental care in progress will continue to be supported. MOHLTC has asked that Public Health Units continue to provide this transition support until February 29, 2016. These extra activities have been funded through the current HSO 100% provincial funding for 2015. Expenses related to the transition in 2016 will be covered by the province at 100% subsidy. There will be no impact on the municipal net levy.

2016 Budget Planning

MOHLTC has developed a new HSO Health Protocol to replace the current CINOT Program Protocol and the Preventive Oral Health Services Protocol. This protocol is similar to the previous protocols but there is an expanded case management and navigator role to ensure that children who have oral health needs are connected to a dental provider and receive the treatment required.

Services provided under the new HSO Health Protocol will be 100% provincially funded. The budget is based on 2014 actual costs related to the six subsidized dental programs. The six programs have been restructured to four separate streams.

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 enrolment 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 third 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 enrolment 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.

Ontario Public Health Standards

MOHLTC has indicated that Public Health will continue to be required to perform surveillance and screening in schools as part of the Ontario Public Health Standards. Public Health will continue to have a role in oral health promotion, outreach in the community and in schools.

Future Plans

MOHLTC has advised Public Health Units that 2016 will be a transition year and that further direction will be provided. There are many questions about subsidy levels and expectations that are not clear at this time. Board of Health will be provided information as decisions and expectations are provided.