

REGION OF OTTAWA CARLETON  
 RÉGION D'OTTAWA CARLETON

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REPORT  
 RAPPORT

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DATE                        4 January 1999

TO/DEST.                 Co-ordinator  
                               Community Services Committee

FROM/EXP.                Commissioner, Social Services Department  
                               Medical Officer of Health, Health Department

SUBJECT/OBJET         **UPDATE ON DENTAL CARE FOR SOCIAL ASSISTANCE  
 RECIPIENTS/LOW INCOME GROUPS IN OTTAWA-  
 CARLETON**

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### **DEPARTMENTAL RECOMMENDATION**

**That the Community Services Committee receive this report for information.**

### **BACKGROUND**

#### Summary of Legislative Responsibility for Dental Services

1998 represents a year of transition as the impact of new legislation and change in responsibility for services (administration and financing) are enacted by the Province and implemented by Regional departments. Changes to dental programs are related to four specific pieces of legislation and their regulations and include:

1. the *Social Services Reform Act*;
2. the *Ontario Works Act*
3. the *Ontario Disability Support Act*, and;
4. the *Mandatory Health Programs and Services for Public Health*.

The implications for the Region of Ottawa-Carleton regarding mandatory dental programs are as follows:

The Social Services Department has legislated responsibility for:

1. mandatory dental care for dependent children of Ontario Works recipients, and;
2. co-funding (20% Regional contribution, no role in administration) to a Provincially-administered dental program for Ontario Disability Support Program clients and their dependants.

The Health Department has legislated responsibility for:

1. Dental care for children in obvious need from low income families (not on social assistance) through the Children in Need of Treatment Program (CINOT);
2. identifying and ensuring that children in obvious need receive care, and;
3. ensuring that children from low income families have access to preventive fluoride treatments and tooth sealants.

### DENTAL NEEDS OF SOCIAL ASSISTANCE/LOW INCOME GROUPS

There are many challenges in providing dental services for low income and social assistance recipients:

- Many studies have clearly demonstrated that chronic dental problems are related to sustained low income or poverty.
- Present estimates indicate that the lowest income members of Canadian society currently experience 75% of all the active dental decay.
- Despite this greatly elevated need, low income Canadians are less likely to seek professional care or purchase preventative treatments that would reduce the severity of their dental problems.
- In Ottawa-Carleton the average spending per family unit for dental services exceeds \$800 annually. Further, two routine check-ups for a typical family of four presently costs a minimum of \$660 annually<sup>1</sup>.

Publicly funded dental programs, such as the present mandatory and discretionary dental programs, address the needs of certain segments of the population with greatest need. In Ontario social assistance dental programs typically reimburse dentists at approximately 75% of the Ontario Dental Association suggested fee guide. Despite these programs and the commitment of certain private dental offices, access remains an ongoing challenge even in areas such as Ottawa-Carleton with an abundance of general dentists. Many private dental offices do not accept social assistance clients, citing reasons of low fees for services provided, difficult situations (e.g. language barriers, social and psychological problems) and missed appointments. Therefore, access to dental care professionals, particularly specialists, remains problematic as providers selectively offer services. In appreciation of such barriers to access, the Region of Ottawa-Carleton Health and Social Services Departments have committed to working co-operatively with those private dental offices that are willing to accept social assistance clients. The objective remains to provide the maximum level of service possible with limited public dollars.

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<sup>1</sup> Based on 1998 ODA suggested fee guide for General Practitioners in Ontario. This assumes that no radiographs (x-rays), fillings, or other dental work is required.

## DENTAL CARE FOR SOCIAL SERVICES CLIENTS IN THE REGION OF OTTAWA-CARLETON

The following is a summary of the level of dental care *presently* available to social assistance clients in Ottawa-Carleton. The Ministry of Community and Social Services has indicated that a one year review of mandatory programs will be conducted 12 months after full implementation (November 1999). Based on the outcome of this review, further changes to the level of benefits are possible.

Clients of Ontario Disability Support Program (ODSP) and their dependants: While ODSP is administered by the Province, 20% of all costs, including the cost of the mandatory dental plan, will be paid by the Region. Dental benefits for the disabled and their dependants are presently being administered by the Ontario Dental Association for the Province.

This program will also grandfather former FBA clients, aged 60 to 65, (FBA seniors) who previously received no dental care allowance from the Province. Seniors on FBA were previously provided access to dental care at the Regional Dental Clinics as part of discretionary social services.

Children (up to 18) of Ontario Works (OW) Clients: The Region is mandated to provide basic level dental care for the children of Ontario Works recipients (implemented October 1, 1998). These children can be seen at any of the three Regional Dental Clinics, or may choose to see a private dental practitioner for treatment. The Region is responsible for ensuring that this program is administered according to the schedule and plan design that has been created by the Province.

The Ontario Works dental schedule was released in interim form in May of 1998. Following consultation a revised schedule (July 1998 OW/ODSP schedule) was issued August 1, 1998 to all dentists in the Province. The July OW/ODSP schedule addressed many concerns raised by the various stakeholders. The July schedule includes dental services such as routine preventive care, fillings, surgical services, and advanced services such as root canal therapy. The schedule describes a \$400 threshold in a twelve month period at which point the dental practitioner is required to advise the administrator of the proposed services that are in excess of the threshold. A limited number of services listed in the schedule require predetermination and will be covered under limited conditions. A stakeholders meeting was conducted by the Ministry of Community and Social Services on October 9, 1998 to review the criteria for predetermination<sup>2</sup>. A revised schedule, including the predetermination criteria to be used by all administrators, is anticipated in early 1999.

The OW dental plan is mandatory; and any refusal to pay a benefit listed in the schedule (provided it does not exceed frequency limitations) is subject to an appeal, first at the local level and finally to the Social Benefits Tribunal of Ontario. Each Region is required to develop an appeals process to review any instance where:

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<sup>2</sup> Representatives from the Ontario Dental Associations, University of Toronto, University of Western Ontario, the Royal College of Dental Surgeons of Ontario, the Ontario Association of Public Health Dentistry and a representative from Community Health Centers were in attendance.

- a client or dental provider believes that the requested services are covered according to the schedule and the administrator declines payment for the service based on assessing the criteria in effect.

The Ottawa Dental Society has agreed to participate in the appeals process and will review and provide the Social Services Department with a written recommendation regarding an appeal of a denied request.

Discretionary Services: Dental care for Ontario Works adults, dentures, and additional care items not included in the Provincial Dental Schedule, are classified as “*discretionary services*” by the Province. “Discretionary Services”, including dental care for adults, dentures etc. are a significant part of the envelope of funding for health and social supports. Adult Ontario Works recipients may access dental care for urgent dental problems through the Regional Dental Clinics (The Dental Treatment Program). Dentures are provided to adult social assistance recipients (both OW and ODSP for the disabled) as part of the Community Denture program.<sup>3</sup>

The Province has been reviewing the funding envelope for discretionary services and for some time has indicated that such services may be subject to a spending ‘cap’. Therefore, the future impact for dental services for adult recipients of social assistance (including denture care for both OW and ODSP) remains unclear. At this time services are cost shared 80/20.

#### DENTAL SERVICES FOR NON-SOCIAL ASSISTANCE CLIENTS

Dental care for low income non-social assistance populations is under the domain of public health, and is only mandated for children. Mandated dental services include a treatment program for children generally under the age of 14 in obvious need (CINOT), as well as, a requirement to offer preventative treatment to high needs children (non social assistance) who do not qualify for the treatment program and are unlikely to receive care privately due to the cost of private dental care.

Children in Need of Treatment Program (CINOT): The CINOT program is part of Mandatory Health Programs and Services Guidelines under the *Health Protection and Promotion Act*, and is part of the Health Department programming. This program provides limited treatment to children up to grade eight with obvious dental problems whose families are unable to afford treatment. The level of coverage under this program is designed to meet the needs of only those children with urgent dental needs, and is not as extensive as the level of care for children under Ontario Works.

The CINOT program was formerly funded entirely by the Province. However, changes as a result of Bill 150 have downloaded 100% of the costs to the Region. These changes were implemented on January 1, 1998.

The Health Department is also responsible to offer preventive services including fluoride treatments, pit and fissure sealants and dental education to families of low income children

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<sup>3</sup> This program has been operated for many years with the co-operation and participation of members of the Ottawa Dental Society, the Denturist’s Society of Eastern Ontario and a group of local dental laboratory owners. The mandate of the program is to provide high quality denture care at a lower cost (currently 70% of fee schedule).

Low Income Adults (Non-Social Assistance Recipients): Many adults residing in Ottawa-Carleton are not eligible for social assistance and experience difficulty in accessing dental services due to financial limitations. As part of Essential Health and Social Supports (EHSS), these individuals may be eligible to receive assistance with dental and denture related services at the same levels as adults receiving social assistance. The requirements for eligibility for this assistance is currently the same as existed under the now repealed General Welfare Assistance Act and is actively being reviewed by the Social Services Department. Service is provided at 100% Regional cost as per Council approval.

Despite the Provincially mandated and Regionally supported dental services some residents in Ottawa-Carleton in need continue to have difficulty accessing dental care. These include pensioned seniors, recipients of privately funded long-term disability, and the 'working poor'. These individuals have difficulty budgeting for the most basic dental care needs on their limited incomes. In recognition of this financial barrier to access, the Health Department is currently collaborating with community health partners to discuss options for addressing the dental needs of this subgroup of the population. A separate report dealing with this issues will be prepared once the consultation process has been completed.

#### ADMINISTRATION OF DENTAL PROGRAMS IN THE REGION OF OTTAWA-CARLETON

Responding to dental needs in a cost effective manner is of critical importance. In Ottawa-Carleton, the administration of all dental programs, both those for social services and those for public health, is integrated within the Region's Dental Treatment Branch at the Health Department. Having one group of staff dedicated to responding to all dental issues over a series of programs has resulted in considerable efficiencies and eliminated duplication and overlap. Individual case management and co-ordination are critical features of this integrated approach to service delivery, since it is not uncommon for families to qualify for services under different programs at different periods of time. This ability to co-ordinate benefits between the various programs and their funding programs is unique to Ottawa-Carleton.

The backbone of the system is the network of three Regional Dental Clinics that provide many direct services and also serve as access points for information and/or benefits that are delivered in private offices. The clinic approach has been highly successful in achieving a cost-effective and equitable delivery of dental care for social assistance and low income groups. All patients are advised as to what services their respective program is able to offer and why certain services are not covered. Furthermore, dental treatment histories are recorded and available to staff and private practitioners through the on-line computer system in order to ensure continuity of care.

Each year Dental Treatment Branch staff:

- provide direct dental care to OW adults, offering emergency relief of pain and treatments such as fillings, basic control of infection and root canal treatment for front teeth and many back teeth;
- assess approximately 3000 adults (both OW and ODSP clients) for denture care, issuing approximately 2500 authorisations;
- administer the CINOT program, screening over 25,000 children either in schools or at one of the Regional Dental Clinics;
- administer the OW dental plan for children according to Provincial directives (children can receive services in private offices or at one of the Regional Dental Clinics);
- provide dental care directly to residents of Island Lodge, Homes for the Aged on a cost-recovery basis;
- administer dental benefits for the Children's Aid Society.

In cases where patients require the services of a dental specialist (i.e. treatment in hospital for infirm patients, paedodontists for very young children, etc.) the Dental Treatment Branch arranges such care, acting as a central access point for clients with special needs. In 1998 approximately 60% of services were provided in the clinics, while 40% of treatment was completed by local area dentists, denturists and specialists in the private sector. The success and cost-effectiveness of regional dental programming is based on the excellent co-operation, support and partnership that exists between the Region's Health and Social Services Departments and their community partners, including community health centres, Island Lodge (Homes for the Aged), the Children's Aid Society, facilities for the homeless, the Ottawa Dental Society, the Denturist Society of Eastern Ontario, the Ottawa Orthodontic Society, dental departments at the Children's Hospital of Eastern Ontario and the Ottawa Hospital, and local area dental laboratories.

### FINANCIAL IMPLICATIONS

The Dental Treatment Branch of the Health Department uses an established infrastructure of dental clinics, information systems and human resources to co-ordinate and deliver care. Staff are salaried and all costs are recovered based on charges for services at similar rates as other social services dental plans (70% of the Ontario Dental Association Fee Guide). The operational efficiencies of this method of service delivery are impressive. For instance, in the past four years \$1,582,000 in operating surplus was returned and used for other programs and services by the Region.

As noted earlier, changes in social services and public health legislation have altered the cost-sharing arrangements between the Region and the Province for public dental programs. The following is a summary of the new Regional - Provincial cost-sharing arrangements:

- ODSP (the disabled and their dependants): 20% Regional / 80% Provincial (program presently administered for the Ministry of Community and Social Services by the Ontario Dental Association).
- OW Children (under 18 years): 20% Regional / 80% Provincial.

- CINOT (low income children not on social assistance): 100% Regional (had been 100% Provincial funding up to January 1, 1998).
- OW Adults: future funding is uncertain (emergency level care is currently being provided through a 'discretionary' funding envelope, to which the Province may apply an as yet unannounced spending 'cap', currently 20% Regional / 80% Provincial).
- Supplementary Dental Services (including dentures for OW and ODSP): future funding is uncertain (services currently provided through a 'discretionary' funding envelope, to which the Province may apply an as yet unannounced spending 'cap,' currently 20% Regional / 80% Provincial).
- Low income non-social assistance adults: when provided, dental care for low income non-social assistance adults would be provided 100% by the Region of Ottawa-Carleton.

A long range concern for public dental programs in Ottawa-Carleton remains the Province's ongoing funding support for the new programs that have been introduced as a result of changes to social services legislation (Bill 142). Early indications of cost increases associated with these programs are being addressed as part of ongoing consultations with various stakeholder groups and the Ministry of Community and Social Services. The ultimate financial implications cannot be predicted until 1) the funding cap, if any, for discretionary services is announced, and 2) the Province conducts a program review in late 1999 and indicates what further changes will be made to the mandatory programs for social assistance.

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