

TITLE: INTAKE, ELIGIBILITY AND FINANCIAL ASSISTANCE – Dental Care	SECTION: ONTARIO WORKS
DATE: September 9, 2004	POLICY NO.: KDSB-OW-IV-02
APPROVED BY: Resolution No. 2004-75	REVISED: Resolution No. 2009-37

REFERENCES

The District of Kenora Northwestern Health Unit Dental Care Agreement.

POLICY STATEMENT

The Kenora District Services Board will provide **emergency** dental care to adult recipients of Ontario Works and ODSP. Emergency care includes dental work for the purpose of relieving pain and suffering.

For recipients who have been on assistance for a period of less than 3 consecutive months only emergency dental assistance will be provided to a maximum amount of \$150.00. Approval should be sought for these emergency services to ensure that the person is a recipient of Ontario Works or ODSP.

In extenuating circumstances emergency dental services in excess of \$150.00 within the first 3 months of being on assistance may be considered on an individual basis at the discretion of the Administrator.

Dental services will be limited to a maximum of \$1,000 per adult family member in any 12 month calendar year.

Approved dental estimates will be valid for 1 month only from the date of approval.

All dental fees charged will be outlined on the current fee schedule, as negotiated between the Ministry of Community, Family and Children's Services and the O.D. A. Requests for payment must indicate the **procedural code** along with the **fee charged** for the treatment performed.

The decision of the Administrator is final and this decision is not appealable.

PROCEDURE

Emergency Care:

1. When a recipient contacts the Ontario Works office and declares that they are in dental pain, and it has been verified that they are in receipt of Ontario Works or ODSP a dental form will be provided by a Caseworker/ Administrative Support person.
2. The form will indicate the recipient's name, address, and Case ID.
3. The form may be given directly to the client to take to the dentist. The form may also be faxed to the dentist if the client is not able to come to the office. Where there is an agreement in place with the NWHU, Ontario Works staff are not to discuss treatment plans with dentists. If dentists are inquiring about which services are covered, they should be referred to the NWHU.

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4. The dentist will complete the form and send it to either the Ontario Works office or the NWHU where an agreement is in place for their review and approval of treatment. The OW office or the NWHU will approve and send the form back to the dentist.
5. Once the dental work is completed, the dentist forwards the form to either the Ontario Works office or the NWHU for payment.
6. If payment is processed directly to the dentist by the NWHU; on a monthly basis the NWHU will forward an invoice to the Ontario Works office for payment of dental services and their administration fee. Caseworkers will post the amount to each client in SDMT. Caseworkers will then make a note in SDMT.

Additional Care:

1. Additional dental work, other than emergency services, may be approved as long as the maximum combined benefit amount does not exceed \$1,000 in a calendar year and the work is required to improve opportunities for employment. To be eligible for this benefit, the client must have an active Participation Agreement on file and must be on assistance for a period exceeding three consecutive months. Approval should only be given when a client has verified that employment will be improved, increased or obtained as a result of the dental work. (i.e. cosmetic work on a front tooth) The clients will take this form to the dentist for completion.
2. Occasionally, the dentist will recommend additional work after they have completed emergency work and will forward the plan directly to the NWHU or the Ontario Works office with the original dental form. This practice is acceptable. If payments are made for employment purposes, the same procedure will follow as outlined for emergency dental care.
3. All requests for additional work will be reviewed and approved by either the NWHU or the Ontario Works Administrator and the form will be sent to the dentist.
4. Once the work is completed, the dentist will send the form to the Ontario Works office or the NWHU for processing. Same procedure for processing as outlined for emergency dental care.

Dentures:

Requests for removal of teeth over and above the maximum yearly allowance of \$1,000 will be dealt with on a case by case basis by the Ontario Works Manager. Quotes for full dentures and partial dentures from two sources are required before approval is provided.

Repairs to dentures, partial dentures and relining dentures are handled on a case by case basis, but generally would only be eligible every two years.

Clients could be eligible for replacement dentures after five years if a medical note is provided. Requests will be made to the Ontario Works Manager.

Appendix A: Dental Referral Form

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Appendix A
Dental Referral Form (See attached)

Kenora District Services Board

ONTARIO WORKS DENTAL REFERRAL

OW-009

Note to Dentist:

Please complete this form and forward to either the Northwestern Health Unit or the local Ontario Works office, whereby they will provide authorization for you to proceed.

Dentist Name: _____

Patient Name: _____ **DOB:** _____

Case ID #: _____

Parent/Guardian: _____

The above mentioned patient requires dental work as follows. I have used the Ministry of Community, Family and Children's Services Procedure Code to designate the treatment required and charges rendered are according to the agreement between the Ministry of Community and Social Services and the Ontario Dental Association. Dental work will commence only upon authorized approval.

MCSS Procedure Code					MCSS Fee	Comments:
Total						

The above estimated work is hereby approved in the amount of \$_____, from date of authorization by Ontario Works. This approval is valid for one month. Payment will be made upon completion of the above services and with the receipt of a completed claim form.

Authorized by Ontario Works: _____ **Date:** _____

Authorized by Northwestern Health Unit: _____

Personal information contained on this form is collected pursuant to the Ontario Works Act, 1997, c. 25, Sched. A . and will be used for the administration of Ontario Works. Questions about this collection should be directed to the Freedom of Information and Privacy Commissioner.
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