

Reasons for Decision:

Order # AP1718-0612

On <date removed>, the appellant appealed the decision of the Director, Employment and Income Assistance to deny funding for requested dental services.

The Department stated it received a report from <Doctor name removed>, the appellant's dentist, on <date removed>. Consistent with Department policy, the request was sent to Dental Services for review and approval.

Dental Services was concerned the plan presented by the doctor was too vague for a determination to be made. The number of teeth to be treated, and the specific treatment required, was not listed in the plan. The dental plan also included sedation, which is not covered by the Department, and root canals that the appellant was not eligible for. Dental Services approved two extractions and restorative work to a maximum of \$600, which is the 12-month maximum prescribed by Department policy.

The Department stated the appellant had a full exam conducted by their dentist, who submitted additional information to Dental Services on <date removed>. The Dental Services review panel, which is composed of independent dentists, reviewed the plan in <date removed> and confirmed Dental Services' previous decision.

The appellant's advocate stated the work required is urgent, as their teeth are in an advanced state of decay. Any work not performed now will lead to more work in the future. The dentist is hoping to save as many teeth as they can for as long as they can. The advocate stated if action is not taken now, then dentures are the next alternative. The appellant is receiving <amount removed> per month in assistance and cannot afford any dental expenses.

The Board asked the Department to clarify how eligibility for certain dental services is determined. The Department stated there is a schedule of services with fees attached, negotiated with the Manitoba Dental Association. As a general rule, Dental Services only pays up to the maximum on approved services, and does not pay on unapproved services.

In response to a question from the Board, the Department stated the appellant has had dental work performed in the past. They have reached the limit payable for a prescribed time period a number of times. The Department clarified the \$600 maximum is based on a rolling 12-month basis.

In response to a question from the Board, the Department confirmed sedation, as opposed to a general anesthetic, is not covered by Dental Services. Sedatives can be accessed through the client's family doctor, or by accessing the University of Manitoba dental program at Health Sciences Centre.

The appellant told the Board they had been using the dentist for three or four years. The appellant had discussed their treatment needs with them previously, but this is the first time a comprehensive plan has been prepared.

In response to a question from the Board, the appellant stated they have not looked into the services provided by the University of Manitoba dental program at Health Sciences Centre.

The Board recognizes the Department has treatment maximums and time limits to ensure that the dental services plan is effective, affordable and available to as many clients as possible. The Board understands the Department's review process includes peer review by independent dentists. The Board also understands that, in exceptional circumstances, the Director has the authority to waive the treatment maximums.

The Board accepts the Department's position that sedation during treatment is a separate issue from general anesthetic, and clients have access to sedation options through their own doctors or through the University of Manitoba dental program. The Board confirms the decision of the Director to deny coverage for sedation.

The Board has carefully considered the written and verbal evidence before it, and has determined the appellant's dental treatment needs are exceptional and urgent. Therefore, the Board varies the decision of the Director, and orders that the Department pay for extractions to a maximum of <amount removed>, fillings to a maximum of <amount removed> and radiography to a maximum of <amount removed>.

The Board has ordered that treatments be provided to a maximum amount, because it recognizes the treatment plan needs more details. Should the detailed plan result in a lower cost estimate for the treatments ordered, the Board agrees the Department should pay the lower amount.

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