

### PART C – Decision under Appeal

The decision under appeal is the February 27, 2014 reconsideration decision of the Ministry of Social Development and Social Innovation (the “ministry”), in which the ministry determined that the appellant was not eligible for full coverage of the fees charged by his dentist for his recall examination and a complete maxillary upper denture as provided in Schedule C, Sections 1 and 4(2) and Sections 62 and 63 of the Employment and Assistance for Persons with Disabilities Regulation (the “EAPWDR”). In particular, the ministry found that the dentist charged fees in excess of the rates set out in the Schedule of Fee Allowances-Denturist.

### PART D – Relevant Legislation

EAPWDR Schedule C, Sections 1 and 4  
EAPWDR Sections 62 and 63  
Schedule of Fee Allowances-Denturist

## PART E – Summary of Facts

The appellant is designated as a person with disabilities, and is a recipient of disability assistance and has been since 2006. The appellant attended his denturist on November 27, 2013 for a recall examination and a complete maxillary upper denture. The total cost of the denture services was and \$1030.00 (\$30.00 for the recall exam \$1000.00 for the Complete Maxillary Denture) and the amount paid by the ministry was \$600.25 (\$19 for the exam and \$581.25 for the Denture), leaving \$429.75 to be paid by the appellant.

On December 19, 2013 the appellant was advised by the ministry that he was not eligible to receive coverage from the ministry for the difference between the amount charged by his denturist and the amount paid by the ministry for the denture services.

The appellant requested a reconsideration of that decision.

The information before the ministry at the time of reconsideration included the following:

- A letter from the appellant's dentist, dated November 25, 2013, describing the appellant as "edentulous in the upper arch", and indicating the need for a complete upper denture for proper function.
- A Health Supplement Info Sheet 10 – Dental, Dentures of Orthodontic, dated December 4, 2013, advising the appellant to contact the dental office regarding eligibility and if denied and wanting to request reconsideration, to submit a remittance form or letter from the dentist addressing what was denied and why it was denied. Handwritten on the bottom of the form was, "\$1030 is the denturists fee guide. The ministry covers a portion of this (\$600.25), so the balance owing is \$429.75."
- A receipt from the appellant's denturist, undated, but date stamped 'Received' by the ministry December 6, 2013, indicating that the appellant had received a recall examination for \$30 (\$19 paid by ministry), and a complete maxillary denture for \$1000 (\$581.25 paid by ministry), leaving a balance owing of \$429.75.
- The appellant's Request for Reconsideration (RFR), dated February 8, 2014 and signed by the appellant. In Section 3 of the RFR the appellant writes that he does not receive enough money on disability assistance in order to afford the payment required for his dentures. He adds that he must have the dentures in order to meet his dietary requirements of hepatitis C. The appellant states that without dentures, his ability to speak clearly is affected, which is needed to seek employment. He concludes that his dentures were broken and a replacement set is needed.
- A record of the appellant's CARESnet Benefit Eligibility, as of February 27, 2014. The Plan Eligibility portion of the record indicates that the appellant is eligible for basic and major services up to \$1000 every two years. It states that during the period of January 1, 2013 to December 2014, the appellant used \$600.25 of the \$1000 benefit and has \$399.75 remaining. The record indicates that the next date that the appellant will be eligible for full benefit is January 1, 2015. The Benefit Eligibility portion of the record indicates that the appellant is eligible for one complete denture service every five years. It states that during the period of

November 27, 2013 to November 26, 2018, the appellant has used this benefit and has no further remaining until November 27, 2018.

- A summary of the appellant's CARESnet Claim Details, indicating that the ministry paid 100% of the eligible amounts for the appellant's examination (\$19) and dentures (\$581.25) to the dentist, as per the amounts allowable by the ministry fee schedule.

The appellant submitted a signed Notice of Appeal on March 19, 2014, in which he states that this is the first request he has made to the ministry for dentures and that a person is allowed to receive a replacement set of dentures after five years. He adds that he does not understand why he has been denied, concluding that he has never needed help in the past, but now he does not have the money available to pay the difference.

The appellant's oral evidence on appeal included the following information:

- The appellant contacted the ministry's 1-888 telephone number prior to attending his appointment with the dentist in November 2013 and was told that he had \$1000 coverage available to him for dentures every five years. He added that he is unsure who he spoke with at this time.
- The dentist has made the appellant's dentures and they are ready to be picked up, but will not be released until the payment for the full amount owing has been made. The appellant adds that he had asked the dentist about arranging a payment plan, but the dentist has had previous disability assistance clients default on their payments and is only willing to release the dentures if the full balance is paid.
- When the dentures were being made, the dentist told the appellant that he thought a portion of the costs would not be covered by the ministry. The appellant contacted the 1-888 telephone number again to confirm and was told a second time that there was \$1000 coverage available to him for dentures every five years.
- The appellant explained that he is not feeling well because without his dentures, he is unable to eat the types of healthy food recommended to him for hepatitis C.
- The appellant stated that he does not have any available money or resources available to him to cover the cost of his dentures and would gladly accept any sort of help the ministry can provide and has offered to repay \$20 off his monthly cheques to pay off the amount owing.
- The appellant stated that his annual travel allowance will be issued at the end of the month, but he had expenses that this allowance is intended to cover and also has a critically ill family member, out of province, that he intends to travel to see.

The ministry relied primarily on its reconsideration decision and confirmed that the \$1000 coverage limit is correct, however the maximum amount paid for each specific item (recall visit or upper dentures) are negotiated through the ministry and the dental association. The ministry adds that this situation is not uncommon and dental practitioners often charge fees for services in excess of the allocated amount as set out in the legislation, and unfortunately the balance is the responsibility of the patient. The ministry also noted that the dentist likely contacted the ministry for preapproval of this service and was aware of the ministry's Schedule of Fee Allowances limits.

## PART F – Reasons for Panel Decision

The decision under appeal is the February 27, 2014 reconsideration decision in which the ministry determined that the appellant was not eligible for full coverage of the fees charged by his dentist for his recall examination and a complete maxillary upper denture as provided in Schedule C, Sections 1 and 4(2) and Sections 62 and 63 of the EAPWDR. In particular, the ministry found that the dentist charged fees in excess of the rates set out in the Schedule of Fee Allowances-Denturist.

The relevant legislation is as follows:

### EAPWDR

#### Section 63 – Dental Supplement

**63 (1) Subject to subsections (2) and (3), the minister may provide any health supplement set out in section 4 [dental supplements] of Schedule C that is provided to or for a family unit if the health supplement is provided to or for a person in the family unit who is eligible for health supplements under (B.C. Reg. 67/2010) (B.C. Reg. 114/2010)**

(a) section 62 (1) (a), (b) (iii), (d) or (e) [general health supplements],

(b) section 62 (1) (b) (i), (d.1), (d.3) or (f), if

(i) the person is under age 65 and the family unit is receiving premium assistance under the Medicare Protection Act, or

(ii) the person is aged 65 or more and any person in the family unit is receiving the federal spouse's allowance or the federal guaranteed income supplement,

(B.C. Reg. 67/2010) (B.C. Reg. 114/2010)

(c) section 62 (1) (b) (ii), or (d.2), (B.C. Reg. 67/2010) (B.C. Reg. 114/2010)

(c.1) section 62 (1) (c), or

(d) section 62 (1) (g).

(2) A person eligible to receive a health supplement under section 62 (1) (b) (ii) or (d.2) may receive the supplement

(a) while any person in the family unit is

(i) under age 65 and receiving a pension or other payment under the Canada Pension Plan, or

(ii) aged 65 or more and receiving the federal spouse's allowance or the federal guaranteed income supplement, and

(b) for a maximum of one year from the date on which the family unit ceased to be eligible for medical services only.

(B.C. Reg. 67/2010) (B.C. Reg. 114/2010)

(3) A person eligible to receive a health supplement under section 62 (1) (c) may receive the supplement

(a) while any person in the family unit is receiving the federal spouse's allowance or the federal guaranteed income supplement, and

(b) for a maximum of one year from the date on which the family unit ceased to be eligible for medical services only.

(B.C. Reg. 67/2010) (B.C. Reg. 114/2010)

(4) A person who was eligible to receive a health supplement under subsection (1) (b) but ceases to be eligible for medical services only may continue to receive the supplement for a maximum of one year from the date on which the family unit ceased to be eligible for medical services only.

### Schedule C - Dental supplements

#### Section 1

"basic dental service" means a dental service that

- (a) if provided by a dentist,  
 (i) is set out in the Schedule of Fee Allowances – Dentist that is effective April 1, 2010 and is on file with the office of the deputy minister, and (B.C. Reg. 314/2006) (B.C. Reg. 65/2010)  
 (ii) is provided at the rate set out for the service in that Schedule,
- (b) if provided by a denturist,  
 (i) is set out in the Schedule of Fee Allowances – Denturist that is effective April 1, 2010 and is on file with the office of the deputy minister, and (B.C. Reg. 314/2006) (B.C. Reg. 65/2010)  
 (ii) is provided at the rate set out for the service in that Schedule, and (B.C. Reg. 88/2005)
- (c) if provided by a dental hygienist,  
 (i) is set out in the Schedule of Fee Allowances – Dental Hygienist that is effective April 1, 2010 and is on file with the office of the deputy minister, and  
 (ii) is provided at the rate set out for the service in that Schedule;  
 (B.C. Reg. 65/2010)
- 4 (1) In this section, "period" means  
 (a) in respect of a dependent child, a 2 year period beginning on January 1, 2009, and on each subsequent January 1 in an odd numbered year, and  
 (b) in respect of a person not referred to in paragraph (a), a 2 year period beginning on January 1, 2003 and on each subsequent January 1 in an odd numbered year. (B.C. Reg. 65/2010)
- (1.1) The health supplements that may be paid under section 63 [dental supplements] of this regulation are basic dental services to a maximum of  
 (a) \$1400 each period if provided to a dependent child, (B.C. Reg. 65/2010)  
 (b) \$1 000 each period, if provided to a person not referred to in paragraph (a), (B.C. Reg. 163/2005)  
 (c) Repealed (B.C. Reg. 163/2005)
- (2) Dentures may be provided as a basic dental service only to a person  
 (a) who has never worn dentures, or  
 (b) whose dentures are more than 5 years old.
- (3) The limits under subsection (1.1) may be exceeded by an amount necessary to provide dentures, taking into account the amount remaining to the person under those limits at the time the dentures are to be provided, if  
 (a) a person requires a full upper denture, a full lower denture or both because of extractions made in the previous 6 months to relieve pain,  
 (b) a person requires a partial denture to replace at least 3 contiguous missing teeth on the same arch, at least one of which was extracted in the previous 6 months to relieve pain, or  
 (c) a person who has been a recipient of disability assistance or income assistance for at least 2 years or a dependant of that person requires replacement dentures. (B.C. Reg. 94/2005)
- (4) Subsection (2) (b) does not apply with respect to a person described in subsection (3) (a) who has previously had a partial denture.
- (5) The dental supplements that may be provided to a person described in subsection (3) (b), or to a person described in subsection (3) (c) who requires a partial denture, are limited to services under  
 (a) fee numbers 52101 to 52402 in the Schedule of Fee Allowances – Dentist referred to in paragraph (a) of the definition "basic dental service" in section 1 of this Schedule, or (B.C. Reg. 94/2005)  
 (b) fee numbers 41610, 41612, 41620 and 41622 in the Schedule of Fee Allowances – Denturist referred to in paragraph (b) of the definition "basic dental service" in section 1 of this Schedule. (B.C. Reg. 94/2005)
- (6) The dental supplements that may be provided to a person described in subsection (3) (c) who requires the replacement of a full upper, a full lower denture or both are limited to services under  
 (a) fee numbers 51101 to 51102 in the Schedule of Fee Allowances – Dentist referred to in paragraph (a) of the definition "basic dental service" in section 1 of this Schedule, or (B.C. Reg. 94/2005)  
 (b) fee numbers 31310, 31320 or 31330 in the Schedule of Fee Allowances – Denturist referred to in paragraph (b) of the definition "basic dental service" in section 1 of this Schedule. (B.C. Reg. 94/2005)

(7) A reline or a rebase of dentures may be provided as a basic dental service only to a person who has not had a reline or rebase of dentures for at least 2 years.

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Whether the appellant is eligible for dental supplements (Section 63 and Schedule C, Section 4 of EAPWDR)

The ministry is satisfied that the information provided by the appellant has established that he is in receipt of disability assistance has met the statutory criteria for EAPWDR (Section 63 and Schedule C, Section 4).

Whether the appellant is eligible for fees in excess of allowable ministry rates. (Schedule of Fee Allowances-Denturist)

The appellant argued that when he contacted the ministry's 1-888 telephone line, on two occasions, he was informed that he was eligible for \$1000 toward the coverage of dentures, every five years.

The ministry's position was that the appellant's denturist charged rates in excess of the rates set out in the Schedule of Fee Allowances-Denturist and there is no exception in policy for coverage of fees in excess of the rates set out in the Schedule of Fee Allowances and they are not authorized to provide coverage for fees in excess of these rates. The ministry also argues that the denturist was aware of the maximum fees that would be covered by the ministry and did share this information with the appellant at the time the dentures were being made.

The panel accepts that the appellant did contact the ministry prior to attending his denturist appointment and was provided information regarding his denture coverage, however it is unclear if the information provided to him explained the application of the maximum rates paid for each service as set out in the Schedule of Fee Allowances, leading the appellant to misunderstand that there was \$1000 available for replacement of a complete maxillary denture. The panel finds that under Schedule C, section 1, the ministry is not authorized to provide coverage for fees in excess of the rates and the appellant did receive the maximum allowable payment for the recall examination and complete maxillary upper denture he received from the denturist, therefore, the ministry's decision to deny the appellant coverage of the excess fees charged by the denturist was reasonable.

Conclusion

For the reasons detailed above, the panel finds that the ministry decision was a reasonable application of the legislation in the circumstances of the appellant. Accordingly, the ministry decision is confirmed.