

PART C – DECISION UNDER APPEAL

The decision under appeal is the Ministry of Social Development and Poverty Reduction's ("ministry") reconsideration decision dated May 27, 2020 in which the ministry denied the appellant coverage for fees associated with dental work. The ministry found that:

- The appellant was not eligible for coverage of dental services in excess of the \$1,000 limit set out in section 63 and Schedule C of the Employment and Assistance for Persons with Disabilities Regulation ("EAPWDR") because the ministry had already provided coverage of \$1,000 for basic dental services for the current two-year period.
- The appellant was not eligible for fees for examination and diagnosis, radiographs ("x-rays"), and an office visit associated with a dental extraction under section 64, and Schedule C of the EAPWDR. The ministry found that the Examination and diagnosis, surgical by oral surgeon (fee code 01601) and a Hospital (institutional) visit (fee code 94301) are not listed in the *Schedule of Fee Allowances - Emergency Dental - Dentist*. The ministry found that x-rays (fee code 02601) were done in 2017 and are only eligible every 36 months under the fee schedule for emergency dental services.
- The appellant was not eligible for coverage of dental fees as a life-threatening health need under section 69 of the EAPWDR, and
- the appellant was not eligible for coverage of dental fees as a crisis supplement under section 57(3) of the EAPWDR.

PART D – RELEVANT LEGISLATION

Employment and Assistance for Persons with Disabilities Regulation - EAPWDR - sections 57(3), 62, 63, 64, and 69, and sections 1, 4, and 5 of Schedule C

Dental Supplement - Dentist including Part B - *Schedule of Fee Allowances - Dentist* and Part D - *Schedule of Fee Allowances - Emergency Dental - Dentist*

PART E – SUMMARY OF FACTS

The evidence and documentation before the minister at the reconsideration consisted of:

1. Information from the ministry's record of decision indicating that:

- On March 13, 2020, the ministry denied coverage for dental procedures performed on March 11 and 13, 2020. The appellant contacted the ministry stating that she required emergency dental surgery even though her dental benefits were exhausted.
- The appellant requested a reconsideration and submitted a letter from a family physician ("doctor") dated April 29, 2020, explaining that the appellant was scheduled to have two teeth extracted on May 4, 2020 because of problems with infection and pain. The doctor requested that the ministry pay the approximately \$200 fee that the appellant would have to pay up front at the time of her procedure.
- The appellant submitted an invoice from a dental clinic for the May 4, 2020 procedures. The invoice showed that the appellant paid \$198.76 of the \$619.63 bill leaving a balance owing of \$420.87.
- The ministry considered the appellant's claims history with the insurer, Pacific Blue Cross ("PBC"). PBC indicated that the procedures on May 4, 2020 were performed by an oral surgeon. The procedures included extraction of two teeth (fee codes 71211 and 71219) for which PBC covered \$383.03, leaving a balance owing of \$52.84.
- PBC denied coverage for three other procedures and for the following reasons:
 - Fee code 01601: *Examination and diagnosis, surgical, general*, \$124 (Explanation: *Coverage maximum has been reached according to the details outlined in your policy*);
 - Fee code 02601: *Radiographs, Panoramic, Single film*, \$67.60 (Explanation: *PBC covered this expense up to the benefit maximum allowed under your plan*);
 - Fee code 94301: *Office visit*, \$60.00 (Explanation: *Coverage maximum has been reached according to the details outlined in your policy*).
- The ministry determined that the reconsideration relates to the three procedures on May 4, 2020 that were not covered, totaling \$251.60.
- On May 25, 2020, the ministry contacted PBC for clarification of the reasons for denial. PBC explained that:
 - The appellant is under Persons with Disabilities ("PWD") coverage but has reached the \$1,000 two-year financial limit; *therefore the client is eligible for emergency services only. Only the fees listed in the emergency fee schedule are eligible until 2021 when the financial limit renews.*
 - Fee code 01601 (examination/diagnosis) was denied because: *it is not a listed fee in the emergency schedule.*
 - Fee code 94301 (office visit) was denied because: *it is not a listed fee in the emergency schedule. This fee is only listed in the basic fee schedule and only eligible for billing when treating a patient who resides in a hospital or institutional facility...this note is in the fee schedule just below the fee code 94301.*
 - Fee code 02601 ("x-rays") was previously done on June 13, 2017, *only eligible every 36 months.*
- The ministry determined that the current two-year period for basic dental services is from January 1, 2019 to December 31, 2020. The appellant's PBC claims history indicates the ministry already covered \$1,000 of basic dental services for this period. The ministry notes that: *the two-year limit of \$1,000 for basic dental services may be exceeded if the need for emergency dental services is identified and the requested services are listed in the emergency dental section of the Schedule of Fee Allowances - Dentist.* The procedures that were done on May 4, 2020 were assessed as an emergency service under the *Schedule of Fee Allowances - Emergency Dental - Dentist.*

- Fee code 94301 (office visit) *is not billable if the patient is admitted to the hospital specifically for the purpose of dental services*. The ministry will only cover the expense when the dentist is treating a patient who resides in a hospital or institution. The ministry suggests that the appellant contact the dental office to inquire why they used fee code 94301 when the dental work was not done in a hospital or institutional facility.
- The ministry covered the cost of x-rays on June 13, 2017 and coverage of this service is limited to once every three years under the emergency fee schedule.

2. A receipt from a dental office dated May 4, 2020, indicating a total charge of \$619.63 with \$198.76 already paid. The *insurance balance due* is \$420.87 for the following procedures:

- 01601 *Examination, Surgical, GE* - \$124.00
- 02601 *Radiographs, Panoramic* - \$67.60
- 71211 *Removal of tooth/Flap/Bon* - \$221.70
- 71219 *Removal of tooth/Addit'l.* - \$146.33
- 94301 *Office or Institutional V* - \$60.00

The appellant includes a hand-written note on the receipt, stating that her dental surgery was not covered; she has to pay the bill and she has such a small amount of cash to last the month. The appellant asks, *will I be reimbursed?* The appellant requests the ministry to call her as soon as possible.

3. A letter from a family physician (“doctor”) dated April 29, 2020, stating that the appellant has been having problems with infected lower mandibular teeth. The appellant’s condition has progressed over the last month as she has not been able to have definitive dental treatment because of the [Covid-19] pandemic. The appellant has required multiple courses of antibiotics and pain medication and she was advised to have two teeth extracted. The procedure is scheduled for May 4, 2020 but the appellant is having difficulty obtaining coverage for the cost. The doctor asks the ministry to cover the approximate \$200 bill that the appellant will have to pay up front at the time of the procedure.

4. A *Request for Reconsideration* (“RFR”) signed by the appellant on April 28, 2020 with a hand-written submission in which the appellant requests an extension of time “due to Covid” to obtain further information from the doctor.

Additional information

On June 18, 2020, the Tribunal received the appellant’s *Notice of Appeal* with a hand-written submission which the panel accepts as argument.

On July 15, 2020, the Tribunal received a submission from the appellant: a letter from the doctor dated July 12, 2020. The letter states that the appellant was referred to the oral surgeon for the extraction of infected teeth *that were progressing to osteomyelitis and required urgent surgical management*. The appellant has a history of cancer in 2008, the treatment for which caused a degree of salivary gland dysfunction. The appellant takes multiple medications that cause dry mouth which has also contributed to her dental issues.

Admissibility of doctor's letter

The ministry did not raise any objections to the doctor's letter of July 12, 2020. The panel admits the letter under section 22(4) of the *Employment and Assistance Act* ("EAA") as evidence that is reasonably required for a full and fair disclosure of all matters related to the decision under appeal. The panel finds that the letter is admissible because it provides further background information on why the appellant required emergency dental treatment.

Oral testimony

Appellant

At the hearing the appellant explained that her medical condition, osteomyelitis, causes an emergency situation whenever she gets an infection. The appellant said that her medical conditions and treatments give her a dry mouth and she "would get a lot sicker" and possibly die from infection if she did not have the two big molars extracted.

The appellant explained that her regular dentist refused to do the extractions because there could always be an open wound that would not heal. The appellant explained that the dentist referred her to the oral surgeon and she was supposed to have the work done in the hospital. The appellant stated that the work could not be done at the hospital due to Covid-19 restrictions so the oral surgeon had to do it at the clinic.

In response to questions, the appellant stated that when she spoke to the ministry, she was aware that her coverage was exhausted, but she had to get the work done because she had so many dental issues and was in a lot of pain.

The appellant said that she talked to the dental office about fee code 94301 (office visit) both before and after the treatment because she understood that it could only be covered by the ministry when the treatment is done in the hospital. The appellant stated that the dental office refused to take that fee item off the bill because "that's just the way they do it."

The appellant said that the dental office selected which fee codes to bill without consulting with her about what would be covered and she is pretty sure that the procedure was originally scheduled to be done in the hospital. The appellant explained that she was in "major pain, not sleeping or eating" and she could not wait any longer to have the extractions done.

Ministry

At the hearing the ministry explained its interpretation of the emergency fee schedule which the panel will consider as argument in *Part F - Reasons*. The ministry explained the process for considering dental claims: First, the dentist assesses what treatment is required under specified fee codes and submits it to PBC. PBC then prepares a pre-determination of what amount is covered for each fee code and gives it to the client. The client has the opportunity to ask the dentist if there are any other options for items that aren't covered. If PBC determines that "the coverage is 'maxed' the ministry can do a reconsideration to determine how coverage would be applied."

Admissibility of oral evidence

Neither party raised any objections to the other's information. The appellant provided additional evidence about her need for dental treatment and communications with the dental office. The ministry explained the process for assessing dental claims. The oral testimony is therefore relevant as background information for determining whether the ministry was reasonable in denying the appellant coverage of her dental work. The panel admits the testimony under section 22(4) of the EAA as evidence that is reasonably required for a full and fair disclosure of all matters related to the decision under appeal.

Procedural matters

The hearing was originally scheduled for July 9, 2020. On July 3, 2020, the Tribunal granted the appellant's request for an adjournment. The appellant asked for an adjournment to gather more documentation from her doctor.

At the hearing the appellant explained that an advocate was assisting her but could not participate in the hearing due to illness. The appellant confirmed that she was prepared to go ahead with the hearing without the advocate.

PART F – REASONS FOR PANEL DECISION

The issue on appeal is whether the ministry was reasonable in denying the appellant coverage for fees associated with dental work. Was the ministry reasonable in finding that:

- The appellant was not eligible for coverage of dental services in excess of the \$1,000 limit set out in section 63 and Schedule C of the EAPWDR because the ministry had already provided coverage of \$1,000 for basic dental services for the current two-year period.
- The appellant was not eligible for fees for examination and diagnosis, x-rays, and an office visit associated with a dental extraction under section 64, and Schedule C of the EAPWDR. The ministry found that the Examination and diagnosis, surgical by oral surgeon (fee code 01601) and a Hospital (institutional) visit (fee code 94301) are not listed in the *Schedule of Fee Allowances - Emergency Dental - Dentist*. The ministry found that x-rays (fee code 02601) were done in 2017 and are only eligible every 36 months under the *Schedule of Fee Allowances - Emergency Dental - Dentist*.
- the appellant was not eligible for coverage of dental fees as a life-threatening health need under section 69 of the EAPWDR, and
- the appellant was not eligible for coverage of dental fees as a crisis supplement under section 57(3) of the EAPWDR.

The ministry based its reconsideration decision on the following legislation:

EAPWDR**Crisis supplement**

- 57 (3)** A crisis supplement may not be provided for the purpose of obtaining
- (a) a supplement described in Schedule C, or
 - (b) any other health care goods or services.

General health supplements

- 62** The minister may provide any health supplement set out in section 2 [*general health supplements*] or 3 [*medical equipment and devices*] of Schedule C to or for
- (a) a family unit in receipt of disability assistance,

Dental supplements

- 63** The minister may provide any health supplement set out in section 4 [*dental supplements*] of Schedule C to or for
- (a) a family unit in receipt of disability assistance,

Emergency dental and denture supplement

- 64** The minister may provide any health supplement set out in section 5 [*emergency dental supplements*] of Schedule C to or for
- (a) a family unit in receipt of disability assistance,

Health supplement for persons facing direct and imminent life threatening health need

- 69 (1)** The minister may provide to a family unit any health supplement set out in sections 2 (1) (a) and (f) [*general health supplements*] and 3 [*medical equipment and devices*] of Schedule C, if the health supplement is provided to or for a person in the family unit who is otherwise not eligible for the health supplement under this regulation, and if the minister is satisfied that

- (a) the person faces a direct and imminent life threatening need and there are no resources available to the person's family unit with which to meet that need,
- (b) the health supplement is necessary to meet that need,
- (c) the adjusted net income of any person in the family unit, other than a dependent child, does not exceed the amount set out in section 11 (3) of the Medical and Health Care Services Regulation, and
- (d) the requirements specified in the following provisions of Schedule C, as applicable, are met:
 - (i) paragraph (a) or (f) of section (2) (1);
 - (ii) sections 3 to 3.12, other than paragraph (a) of section 3 (1).

Schedule C

Health Supplements

Definitions

1 In this Schedule:

"**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 September 1, 2017 and is published on the website of the ministry of the minister, and
 - (ii) is provided at the rate set out in that Schedule for the service and the category of person receiving the service,

"**dentist**" means a dentist registered with the College of Dental Surgeons of British Columbia continued under the *Health Professions Act*,

"**emergency dental service**" means a dental service necessary for the immediate relief of pain that,

- (a) if provided by a dentist,
 - (i) is set out in the Schedule of Fee Allowances — Emergency Dental — Dentist, that is effective September 1, 2017 and is published on the website of the ministry of the minister, and
 - (ii) is provided at the rate set out in that Schedule for the service and the category of the person receiving the service,

Dental supplements

4 (1) In this section, "period" means

- (a) in respect of a person under 19 years of age, a 2-year period beginning on January 1, 2017, 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.

(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) \$2 000 each period, if provided to a person under 19 years of age, and
- (b) \$1 000 each period, if provided to a person not referred to in paragraph (a).
- (c) Repealed. [B.C. Reg. 163/2005, s. (b).]

Emergency dental supplements

5 The health supplements that may be paid for under section 64 [*emergency dental and denture supplements*] of this regulation are emergency dental services.

Analysis

The ministry notes that as a recipient of disability assistance, the appellant meets the basic eligibility for dental supplements under the EAPWDR. Under section 63, the minister may provide the dental supplements set out in section 4 of Schedule C to a client in receipt of disability assistance. Under section 64, the minister may provide to disability clients, the emergency dental supplements set out in section 5 of Schedule C. The panel notes that the supplements are discretionary and the specific requirements under Schedule C of the EAPWDR must be met.

Appellant's argument

In her Notice of Appeal, the appellant states that she has cancer and needs "working teeth to be able to get sufficient nutrition" but she is unable to pay for the dental services she needs. At the hearing, the appellant argued that any infection is dangerous to her health and while she acknowledges that she did not have enough coverage for all of the treatment, the work was supposed to be done in the hospital and she does not understand why the dental office chose some fee codes that the ministry would not cover.

Ministry's position and panel's decision

Basic dental services

Appellant not eligible for basic dental services in excess of \$1,000 limit

The ministry argues that the appellant is not eligible for basic dental services under the EAPWDR because the ministry already covered basic dental work up to the maximum amount set out in the legislation.

Under section 4(1) of EAPWDR Schedule C, coverage for *basic dental services* is limited to a maximum of \$1,000 for each 2-year period that begins of January 1. *Basic dental services* are defined in section 1 of EAPWDR Schedule C as the items set out in the *Schedule of Fee Allowances - Dentist* that are provided by a dentist at the rate set out in that Schedule for the service and the category of person receiving the service. The appellant's oral surgeon is a dentist by definition under section 1 of EAPWDR Schedule C.

The ministry's evidence, which the appellant does not dispute, is that the ministry had already covered \$1,000 of basic dental services since January 1, 2019 based on the PBC claims history. The panel therefore finds that the ministry was reasonable in finding the appellant was not eligible for coverage of dental work that falls under *basic dental services* for the period January 1, 2019 to December 31, 2020.

Emergency dental services

The ministry considered the appellant's request for coverage of dental work under section 5 of EAPWDR Schedule C which allows the ministry to pay for emergency dental services above the \$1,000 cost limit for a 2-year period. *Emergency dental services* are defined in section 1 of EAPWDR Schedule C as the items set out in the *Schedule of Fee Allowances - Emergency Dental - Dentist* that are provided by a dentist at the rate set out in that Schedule for the service and the category of the person receiving the service,

Appellant not eligible for examination and diagnosis, fee code 01601

The ministry acknowledged that it covers an examination and diagnosis at a maximum rate of \$64.61 as a basic dental service but determined that the appellant is not eligible for the examination under fee code 01601 in the *Schedule of Fee Allowances - Dentist* because the ministry had already covered the \$1,000 limit for basic dental services pursuant to section 4(1) of EAPWDR Schedule C. The panel finds that the ministry's decision to not cover the examination as a basic dental service was a reasonable application of the legislation because of the \$1,000 dollar limit for dental services which the ministry had already paid out since January 1, 2019.

The ministry states that it considered the examination and diagnosis as an emergency dental service under fee code 01601 because that is the fee item that was submitted to PBC. The ministry argues that it cannot cover fee code 01601 as an emergency dental service, however, because that fee code is not listed in the *Schedule of Fee Allowances - Emergency Dental - Dentist* as required under Schedule C of the EAPWDR.

While fee item 01601 is not on the list of fee codes in the *Schedule of Fee Allowances - Emergency Dental - Dentist*, the panel notes that fee code 01601 is mentioned in the preamble for that schedule. The preamble explains that 01601 is restricted to use by oral surgeons and, therefore, no top up to the rate can be claimed as is allowed with regular dental procedures when performed by an oral surgeon. After the preamble, there is a *Schedule of Fee Allowances* with a list of fee codes and the description of the service and dollar amount that goes with each code. Fee code 01601 is mentioned in the preamble but omitted from the list of fee codes.

When asked at the hearing, the ministry said she did not know why fee code 01601 is mentioned in the preamble but was omitted from the list in the emergency fee schedule. The ministry said she did not know whether the ministry was aware of the discrepancy at the reconsideration.

On the record there is no indication that the ministry considered whether fee code 01601 in the preamble of the *Schedule of Fee Allowances - Emergency Dental - Dentist* satisfies the legislative requirements in Schedule C of the EAPWDR. Nonetheless, the panel notes that the definition of *emergency dental services* in section 1 of EAPWDR Schedule C outlines two requirements: the service must be *set out in the Schedule of Fee Allowances*, and it is provided *at the rate set out in that Schedule*.

The panel notes that the preamble to the *Schedule of Fee Allowances - Emergency Dental - Dentist* is a separate section (Part C) in the ministry's *Dental - Supplement - Dentist* booklet which contains the fee schedules for emergency dental services in Part D. While the preamble mentions fee code 01601 it does not refer to a schedule or a list, nor does it provide a corresponding dollar amount for fee code 01601 as required by subsection 1(a)(ii) of EAPWDR Schedule C.

Taken together, it would appear that the definition for *emergency dental services* points to a *Schedule of Fee Allowances* contained in the *Dental Supplement - Dentist* booklet; namely, the Schedule in Part D which lists the fee codes with corresponding rates of coverage. As noted, the maximum ministry rate of \$64.61 for fee code 01601 is only listed in the fee schedule for basic dental services. The only *Oral Examination* fee listed in Part D of the *Schedule of Fee Allowances - Emergency Dental - Dentist* is 01205, Emergency Oral Examination, at a rate of \$21.75.

The panel therefore finds that the ministry reasonably applied the EAPWDR in concluding that fee code 01601 is not listed in the *Schedule of Fee Allowances - Emergency Dental - Dentist*. Even though an examination/diagnosis by the oral surgeon would logically be required prior to tooth extractions, the fee item that the dental office submitted to PBC is not covered by the ministry as an emergency dental treatment under the list of fees in the *Schedule of Fee Allowances - Emergency Dental - Dentist*. The panel finds that the ministry was reasonable in finding that this fee item cannot be covered by the ministry as an emergency dental service.

Appellant not eligible for hospital/institutional visit, fee code 94301

The ministry acknowledged that it covers fee item 94301, Hospital (institutional) visit, at a maximum rate of \$39.37 as a basic dental service but determined that the appellant is not eligible for the visit under fee code 94301 in the *Schedule of Fee Allowances - Dentist* because the ministry had already covered the \$1,000 limit for basic dental services pursuant to section 4(1) of EAPWDR Schedule C. The panel finds that the ministry's decision to not cover the visit as a basic dental service was a reasonable application of the legislation because of the \$1,000 dollar limit for dental services which the ministry had already paid out since January 1, 2019.

In addition, the ministry explains that: *fee item 94301 is billable only when treating a patient who resides in a hospital or institutional facility. It is not billable if the patient is admitted to the hospital specifically for the purpose of dental services... Since your appointment was not in a hospital or institutional facility, you may choose to inquire to [oral surgeon's office] to clarify this fee.*

The appellant's understanding was that fee item 94301 was billed because the procedures were originally planned to take place in the hospital rather than the office of the oral surgeon. As the ministry noted, the fee schedule clearly states that fee item 94301 "is not billable if the patient is admitted to the hospital specifically for the purposes of dental surgery." Therefore, even if the work had been done at a hospital rather than the office of the oral surgeon, fee item 94301 would not be billable.

When asked at the hearing whether the ministry follows up with the dental office when an incorrect fee code is requested, the ministry explained that "it is not something the ministry would typically follow up on because the ministry assesses the request based on the information that's provided." The ministry argued that it is not the ministry's role to question the fee codes that are submitted to PBC but the ministry can consider new information from the appellant if the appellant went back to the dentist and had the bill revised with different coding.

The panel also asked the ministry whether the ministry has any discretion to cover fee items that would normally be covered if there weren't any restrictions (on hospital treatment) due to the Covid-19 pandemic. The ministry explained that some specific Covid-19 supplements have been introduced but none relate to dental treatments covered by PBC and the ministry continues to be bound by the legislation in assessing eligibility for dental coverage.

The panel is not aware of any Covid-19 policies or legislative amendments that apply to dental supplements and accepts the ministry's explanation that there is no discretion in the legislation to make an exception due to Covid-19 restrictions. The panel notes the clear statement in the fee Schedule that fee item 94301 applies, and therefore can be covered by the ministry, only when the client resides in a hospital or institution. The appellant testified that her dental work was originally scheduled to be done at the hospital but the evidence does not indicate that appellant was actually residing at the hospital at the time of her dental surgery on May 4, 2020.

The panel notes that fee code 94301, Hospital (institutional) visit is not listed in the *Schedule of Fee Allowances - Emergency Dental - Dentist* as required by sections 1 and 5 of EAPWDR Schedule C and therefore could not be covered by the ministry as an emergency dental service even if the other requirements for that fee item were met.

Appellant not eligible for radiographs (x-rays), fee code 02601

The ministry argues that the appellant is not eligible for x-rays because this service is limited to once every 36 months (3 years). The ministry's evidence, which the appellant does not dispute, is that x-rays were covered on June 3, 2017. The appellant had new x-rays done on May 4, 2020 for the extractions at the oral surgeon's office. At the hearing, the ministry acknowledged that the new x-rays were taken close to the expiry date of the 3-year period but argued that the ministry does not have any "wiggle room" in interpreting the legislation.

Under the *Schedule of Fee Allowances - Emergency Dental - Dentist*, which is referenced in sections 1(a) and 5 of EAPWDR Schedule C, fee code 02601 may be covered by the ministry at a rate of \$38.76 once every 3 years. The appellant had new x-rays done before the 3-years had expired and the panel therefore finds that the ministry's denial of coverage for fee code 02601 was a reasonable application of the EAPWDR in the circumstances of the appellant.

Life-threatening health need, section 69

Appellant not eligible for dental fees as a life-threatening health need

The ministry argues that it cannot cover the appellant's emergency dental work as a life-threatening health need under the EAPWDR because section 69 only authorizes the minister to provide a health supplement for medical transportation and for certain medical equipment/ supplies, but not dental services. The ministry explains that it can only provide the supplements that are listed in section 69 where a client is facing an imminent life-threatening health need and is not otherwise eligible for health supplements under the legislation.

The panel finds that the ministry reasonably applied section 69 of the EAPWDR in finding that the appellant is not eligible for dental services as a life-threatening health need because section 69(1) specifies that it only applies to certain supplements that are set out in EAPWDR Schedule C. The only supplements that the ministry is authorized to provide under section 69(1) are a supplement for medical transportation and for the medical equipment and devices that are listed in other sections of Schedule C. Unfortunately, a supplement for emergency dental services is not covered under life-threatening health need in the EAPWDR.

Crisis supplement, section 57(3)***Appellant not eligible for dental fees as a crisis supplement***

The ministry argues that it is not authorized to provide a crisis supplement to cover the appellant's emergency dental work because the EAPWDR specifically states that a crisis supplement cannot be provided for dental services.

The panel finds that the ministry reasonably applied the legislation in finding that the appellant is not eligible for a crisis supplement because section 57(3) of the EAPWDR says that the minister may not provide a crisis supplement to obtain any of the supplements described in Schedule C or any other health care goods or services. As noted by the ministry, dental services are health supplements under Schedule C of the EAPWDR. Therefore, the cost of emergency dental work cannot be covered by a crisis supplement.

Conclusion

The panel finds that the ministry's reconsideration decision that found that the appellant is not eligible for coverage of costs associated with emergency dental extractions was a reasonable application of the EAPWDR in the circumstances of the appellant. The panel is sympathetic to the appellant's situation but finds that the ministry's determination that it cannot cover the appellant's outstanding dental bill as a basic dental service, emergency dental service, life-threatening health need or provide a crisis supplement to cover the cost, was a reasonable application of the legislation. The panel confirms the reconsideration decision and the appellant is not successful on appeal.

PART G – ORDER	
THE PANEL DECISION IS: (Check one) <input checked="" type="checkbox"/> UNANIMOUS <input type="checkbox"/> BY MAJORITY	
THE PANEL <input checked="" type="checkbox"/> CONFIRMS THE MINISTRY DECISION <input type="checkbox"/> RESCINDS THE MINISTRY DECISION	
If the ministry decision is rescinded, is the panel decision referred back to the Minister for a decision as to amount? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LEGISLATIVE AUTHORITY FOR THE DECISION:	
<i>Employment and Assistance Act</i>	
Section 24(1)(a) <input type="checkbox"/> or Section 24(1)(b) <input checked="" type="checkbox"/>	
and	
Section 24(2)(a) <input checked="" type="checkbox"/> or Section 24(2)(b) <input type="checkbox"/>	

PART H – SIGNATURES	
PRINT NAME Margaret Koren	
SIGNATURE OF CHAIR	DATE (YEAR/MONTH/DAY) 2020-08-13

PRINT NAME Susan Ferguson	
SIGNATURE OF MEMBER	DATE (YEAR/MONTH/DAY) 2020-08-13
PRINT NAME Adam Rollins	
	DATE (YEAR/MONTH/DAY) 2020-08-13