

## Eligibility of Persons for Public Oral Health Care in NSW

**Summary** This Policy Directive outlines the eligibility criteria for NSW residents who wish to access oral health care through NSW Health Public Oral Health Services.

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**Applies to** Affiliated Health Organisations, Community Health Centres, Dental Schools and Clinics, Local Health Districts, Public Health System Support Division, Public Hospitals, Specialty Network Governed Statutory Health Corporations

**Distributed to** Divisions of General Practice, Government Medical Officers, Health Associations Unions, Ministry of Health, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Public Health System, Tertiary Education Institutes

**Audience** All staff, Administration, Managers of Public Oral Health Services

### Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

## ELIGIBILITY OF PERSONS FOR PUBLIC ORAL HEALTH CARE IN NSW

### PURPOSE

This Policy Directive establishes the eligibility criteria for NSW residents who wish to access NSW Health public oral health services.

### MANDATORY REQUIREMENTS

Public Oral Health Services managed by NSW Local Health Districts (LHD) must provide oral health care to persons who meet the eligibility criteria set out in this document.

At each appointment, staff of NSW Public Oral Health Services must ensure a person meets the eligibility criteria set out by this document prior to providing care.

### IMPLEMENTATION

**The NSW Ministry of Health** is responsible for ensuring the requirements of this policy and attached procedures are monitored and acted on accordingly, and that the eligibility criteria are openly communicated to the public.

**LHD Chief Executives** are responsible for ensuring the public oral health services in their LHD provide oral health care to eligible persons in accordance with this document.

**Oral Health Managers, Clinical Directors and staff of public oral health services** are responsible for ensuring compliance with the eligibility criteria set out in this policy and attached procedures, and that the eligibility criteria are openly communicated to the public.

This Policy Directive should be read in conjunction with the following NSW Health policies:

- [Priority Oral Health Program and List Management](#)
- [Oral Health Fee for Service Scheme \(OHFFSS\)](#)
- [Oral Health Specialist Referral Protocols](#)
- [Oral Health Referral Form for Medical Emergency Departments](#)

### REVISION HISTORY

Version	Approved by	Amendment notes
August 2017 (PD2017_027)	Deputy Secretary Population and Public Health	Replaces PD2016_050 The policy directive has been revised to include wording that supports the expectation that NSW Health requires that a Child Dental Benefits Schedule (CDBS) bulk billing patient consent form is completed for children aged 2-17 years.

October 2016 (PD2016_050)	DD-G Population Health	Replaces PD2009_74 Updated links and wording. Simplification of Section 5.
October 2009 (PD2009_074)	Acting DD-G Population Health	Replaces PD2008_066; Alterations to wording in order to clarify eligibility criteria.
November 2008 (PD2008_066)	DD-G Population Health	Rescinded PD2005_171

## **ATTACHMENTS**

1. Eligibility of Persons for Public Oral Health Care in NSW: Procedures.

## Eligibility of Persons for Public Oral Health Care in NSW



**Issue date:** August 2017

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## 1 BACKGROUND

### 1.1 About this document

NSW public oral health services provide a range of dental care services through funding provided or managed by the NSW Government. To ensure available resources are used efficiently, NSW Health limits access to these services to those populations at higher risk of dental disease or who are less able to afford dental care through private providers. This is achieved through the setting of eligibility criteria through this Policy Directive.

Section 2 sets out the criteria for a person to be eligible to receive dental care through NSW public oral health services. Public oral health services managed by NSW Local Health Districts (LHDs) must provide oral health care to persons who meet these criteria.

Staff of NSW public oral health services must ensure a person meets the eligibility criteria set out by this document prior to providing care (Section 2.3).

Section 3 provides additional detailed information on how staff from public oral health services should manage the delivery of patient care. It provides information on variations and exceptions to eligibility criteria, including patients admitted to hospital for other health care, ineligible patients, and patients who are accessing care outside their LHD.

**The NSW Ministry of Health** is responsible for ensuring the requirements of this policy are monitored and acted on accordingly, and that the eligibility criteria are openly communicated to the public (Section 4).

**LHD Chief Executives** are responsible for ensuring the public oral health services in their LHD provide oral health care to eligible persons in accordance with this document.

**Oral Health Managers, Clinical Directors** and **staff of public oral health services** are responsible for ensuring compliance with the eligibility criteria set out in this policy and that the eligibility criteria are openly communicated to the public (Section 4).

### 1.2 Key definitions

An episodic course of care is defined as a limited course of care provided with the intent of only addressing a specific, clinically urgent patient presentation.

An oral health emergency is defined as a child or adult patient categorised as Priority 1 through the PD2017\_023 *Priority Oral Health Program and Waiting List Management* policy directive<sup>1</sup> triage. Dental pain by itself is not considered an oral health emergency.

<sup>1</sup> [http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017\\_023](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_023)

## 2 ELIGIBILITY

### 2.1 Eligibility of Adults for Non-admitted Oral Health Care Services

For an adult to be eligible for free public oral health services they must:

- Be normally resident within the boundary of the providing LHD, **and**
- Be eligible for Medicare, **and**
- Be 18 years of age or older, **and**
- Hold, or be listed as a dependent on, one of the following valid Australian Government<sup>2</sup> concession cards:
  - ⇒ Health Care Card
  - ⇒ Pensioner Concession Card
  - ⇒ Commonwealth Seniors Health Card.

Note that holders of the State Seniors Card are not eligible for care unless they also hold one of the other concession cards listed above.

### 2.2 Eligibility of Children and Young Persons for Non-admitted Oral Health Care Services

For a child or young person to be eligible for free public oral health services they must:

- Be normally resident within the boundary of the providing LHD , **and**
- Be eligible for Medicare, **and**
- Be less than 18 years of age.

Additional eligibility criteria may apply for some specialist oral health care. These are detailed in the *Oral Health Specialist Referral Guidelines*.<sup>3</sup>

NSW Health requires that a Child Dental Benefits Schedule (CDBS) bulk billing patient consent form is completed for children aged 2-17 years.

For more information about the CDBS visit the NSW Health website at <http://www.health.nsw.gov.au/oralhealth/Pages/child-dental-benefits-schedule.aspx> or the Commonwealth Department of Health at <http://www.health.gov.au/internet/main/publishing.nsf/content/childdental>

<sup>2</sup> Includes Centrelink and the Department of Veterans Affairs

<sup>3</sup> [http://www0.health.nsw.gov.au/policies/pd/2011/PD2011\\_071.html](http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_071.html)

## 2.3 Confirmation of Eligibility

At each visit the patient is responsible for proving their eligibility prior to receiving treatment, by showing a valid Medicare card and, for adults, a valid concession card. Electronic versions of cards may be used through the Centrelink mobile app on a smart phone.

If a valid concession card cannot be produced, the patient must seek a temporary concession card to establish that they are eligible for treatment, except where the person requires emergency treatment (as defined in Section 1.2).

The patient may also be asked to produce secondary identification such as a drivers licence to confirm their identity. A formal letter of identification from a homelessness agency is also acceptable as a secondary identification.

Where programs exist that involve partnerships and referral pathways between Oral Health Services and Aboriginal Community Controlled Health Services or LHD Aboriginal Service, LHDs may apply discretion to waive eligibility requirements for the clients of these programs. This may also be extended to client's partners and children.

## 3 PATIENT CARE

### 3.1 Inter-district agreements

Due to funding and reporting arrangements, dental care will normally be provided by the LHD in which a patient lives. However, LHD's may have inter-district arrangements that allow for patients to receive care in a bordering LHD to facilitate accessibility to an appropriate service.

### 3.2 Admitted or Day Only Oral Health Care Patients

Where a patient's oral health treatment requires them to be treated as an inpatient, they may be treated as:

- Non Chargeable Patients
- Compensable Patients
- Private Patients.

Standard LHD procedures for processing and charging patients should be followed, in accordance with Section Two of the NSW Health Fees Procedures Manual<sup>4</sup>.

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<sup>4</sup> <http://www.health.nsw.gov.au/policies/manuals/Pages/fees-manual.aspx>



### 3.3 Patients Admitted for Other than Oral Health Treatment

**Free** oral health care will only be provided to adult patients admitted for care other than oral health treatment where:

- The oral health treatment is an emergency (as defined in Section 1.2), or
- The oral health treatment is an essential part of the surgical or medical management of the patient, and
- They hold, or are a listed dependent of the holder of, a current concession card (see Section 2).

Treatment of hospital inpatients referred for oral health care will be negotiated with the LHD oral health clinical director if the oral health treatment is not an intrinsic part of their medical treatment. Patients who do not hold, or are not listed dependents on, a current concession card may be charged for services. The treatment sought will need to be prioritised in adherence with current LHD and NSW Health prioritisation policies for access to public oral health care.

Note that private admitted patients must pay for oral health care provided.

### 3.4 Services Provided to Ineligible Patients at Oral Health Clinics or at an Emergency Department

Persons not meeting the eligibility criteria set out above, including interstate visitors, may receive emergency treatment only and should see their own private general dental practitioner for all other treatment. Emergency treatment (as defined in Section 1.2) may be provided to such patients who present at either a public oral health clinic or at a hospital emergency department.

Unless covered by an inter-district agreement, residents of NSW who are outside of their LHD of residence, but are otherwise eligible for free public oral health care, should only be provided with an episodic course of care (as defined in Section 1.2) and/or an Oral Health Fee For Service voucher if required. Additional dental care may be provided at the discretion of the clinical director, taking into account any additional personal circumstances of the patient.

In consultation with the patient, the LHD that provides this episodic care should make arrangements for the patient to receive any follow-up treatment required from the patient's LHD of residence.

Emergency oral health treatment and an episodic course of care (as defined in Section 1.2) may be provided to a person who is unable to prove eligibility because they are experiencing homelessness or are seeking asylum on humanitarian grounds. The person must be referred to the oral health service by an established agency and the requirement for proof of eligibility may be waived in these circumstances. Identification and treatment of these patients should be provided in accordance with PD016\_055 *Medicare Ineligible and Reciprocal Health Agreement – Classification and charging*<sup>5</sup>

<sup>5</sup> [http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2016\\_055](http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2016_055)

Compensable patients are to be charged at the compensable rate for an occasion of service (see Fees Procedures Manual<sup>6</sup>). These patients should be advised that oral health treatment does not attract Medicare rebates and may not attract private health insurance rebates.

#### 4 COMMUNICATION STRATEGY

Eligibility criteria and information on how eligible persons can access NSW Public Oral Health Services is made available through the NSW Health website at <http://www.health.nsw.gov.au/oralhealth/Pages/eligibility.aspx>.

The Centre for Oral Health Strategy, NSW Health has developed brochures that identify the eligibility criteria and process for accessing public dental care. The brochures that are available include; 'Public Dental Services', 'Oral Health Fee for Service Scheme', 'Child Dental Benefits Schedule Fact Sheet', 'Child Dental Benefits frequently asked questions'.

These brochures can either be downloaded from Centre for Oral Health Strategy website (<http://www.health.nsw.gov.au/oralhealth/Pages/resources.aspx>) or, alternatively, be ordered free of charge from Better Health Centre – Publications Warehouse 02 9887 5450.

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<sup>6</sup> <http://www.health.nsw.gov.au/policies/manuals/Pages/fees-manual.aspx>