Child Dental Benefits Schedule
Information for Parents, Community Groups and Schools
Child Dental Benefits Schedule

Recent articles in the media and letters sent to families by the Commonwealth Government contained some information regarding a new Government scheme providing dental services to children. The Australian Dental Association (NSW Branch) ("ADA") is familiar with the conditions of this legislated scheme: a scheme that commenced on 1 January 2014. The legislated scheme is known as the Child Dental Benefits Schedule ("CDBS").

In order to avoid any confusion, the ADA provides the following information and advice to parents, community groups and schools in relation to this scheme.

THE SCHEME

The CDBS is a new Commonwealth Government dental scheme commencing on 1 January 2014 and providing up to a maximum of a $1,000 benefit entitlement for dentistry, generally over two consecutive calendar years. At the conclusion of this two-year period, providing the recipient remains eligible, a further $1000 benefit entitlement is expected to apply. Nationally, up to 3.4 million children aged from 2 to 17 years may be eligible to access a limited range of basic dental services under this means-tested scheme. Eligibility is determined solely by Medicare, not by the dentist.

When a family is proven eligible at any time, the children will be deemed eligible for that whole calendar year, before or after that point in time (as long as they are in the required age group).

THE OPPORTUNITY

The ADA estimates that 1.1 million children in NSW and the ACT may be eligible to receive benefits (dental treatment) under this scheme. The scheme provides limited funding for essential preventive and restorative treatment that should significantly improve the oral health of many Australian children who might otherwise not be able to receive dental care.

The scheme is currently scheduled to continue for up to six years providing continuity of care for the children of eligible families. The ADA is promoting the scheme as a significant opportunity for the profession to contribute to the future dental health of many young Australians.
THE PROVIDERS

Dentists
Every dentist and dental specialist (‘dentist’) who is both registered with AHPRA, the governing Commonwealth healthcare registration body, and has also been issued with a Medicare Provider number, can choose to provide treatment under this scheme. Some may choose not to do so. This quantifies as up to 12,000 dentists nationally, with 4,500 in NSW and the ACT alone. In effect, participating dental practitioners will either be:

1. In private practice; or
2. Possibly working in a State Government public dental facility; or

This level of access offers a significant opportunity for the children of eligible families to obtain relevant and necessary dental care from the provider of their choice.

Auxiliaries
In addition to dentists providing treatment directly, under the legislation a dentist can engage a dental auxiliary to carry out some of the treatment (i.e. a dental hygienist, a dental therapist or an oral health therapist). Auxiliaries can only provide services within their ‘Scope of Practice’: a term that refers to an individual’s level of training and competency for specifically defined dental procedures. These “para-dental” practitioners must operate under the supervision of the dentist and the overall responsibility for the treatment rests specifically with the dentist. This law is unaffected by the ownership of the dental practice/organisation providing the dental service.

Summary of service delivery
It is anticipated that many services will be delivered by trusted dentists with existing relationships with the children of the eligible families. These dentists will generally work in private practice, possibly in State Government public facilities or in many of the health fund clinics. In areas where services are not as easily accessible, it is expected that some schools may become involved.

BULK BILLING and NON-BULK BILLING

Under the CDBS, dentists may choose to either bulk-bill a patient or charge their own fees (non bulk-bill). In the case of a non-bulk billing practice, an ‘out-of-pocket’ or ‘gap’ expense will be charged. Generally the dentist will require full payment at the conclusion of the appointment in such a non bulk-bill arrangement.

The choice to bulk bill or to charge their own fees is a decision made by each individual dentist or dental practice or clinic. The payer can then either claim the Medicare rebate through the practice’s HICAPS machine or directly through a Medicare office. Parents of eligible children are encouraged to ask two questions at the time of making the appointment:
1. Exactly who will be providing the treatment; and

2. Whether the services will be bulk-billed or an out-of-pocket (or gap) fee would be payable.

CONSENTS

Under the legislation covering the CDBS, it is important that the requirements for both informed treatment consent (understanding what treatments the dentist intends to render and obtaining legal agreement for that to occur) and informed financial consent (understanding what the treatment will cost to provide even if it is being bulk-billed, with no gap payment required) are fulfilled. Medicare will review both clinical and consent records to ensure the service(s) have been rendered in accordance with what was discussed and agreed.

Medicare has provided dentists with access to forms to be used when the consent process is being documented. The consent process is a vital part of the provision of services.

Consents will, almost always, be provided by a parent, guardian or legally entitled carer of a child. Under the law in NSW, whilst informed consent can be provided by a child of 14 years or over (if judged to be sufficiently capable of doing so by the treating dentist), it is unlikely that many children will meet this criteria. In any event, most children up to 18 years will not be able to provide informed financial consent for their treatment.

The involvement of the parent, guardian or legally entitled carer is therefore critical in the consent process.

THE LAW AND ‘BEST PRACTICE’

The Legislative instrument (the law) governing the CDBS is silent on some areas and methods of ‘best practice’ in the provision of appropriate dental services. While this is not unusual in legislation, the concern of the ADA is to ensure that children receive both clinically necessary and relevant dental services.

The ADA has devised its own ‘best practice’ model that goes beyond that which is required under the legislation for delivery of services under the CDBS. This should ensure the appropriateness of services, the best use of the limited funding and that children receive services that are understood and properly agreed to by their parents, guardian or legally entitled carer. Parents and others involved in the care of children are urged to follow this model.
THE ADA ‘BEST PRACTICE’ MODEL

The ADA recommends that parents and, where applicable, schools follow the guidelines below. Note too that the ADA strongly recommends that an eligible family seek the services of a trusted or known private dental provider, health fund clinic or possibly a State Government public facility that will be readily accessible and will remain accessible over time. It is the ADA’s view that parents and children can generally feel safe in these environments.

Parents, guardians or legally entitled carers should:

1. Be aware prior to treatment of who is intending to provide the services to the child (dentist or auxiliary provider);

2. Ensure that person is available should follow-up appointments for further treatment or unforeseen problem resolution arise;

3. Ensure that ‘informed consent to treat’ and ‘informed financial consent’ are both obtained in accordance with the legislation (i.e. on the actual day of treatment and once treatment has been discussed and agreed with the dentist or auxiliary);

4. Be particularly aware that no x-rays should be taken unless and until the child has been comprehensively examined and the clinical need for x-rays has been established and explained to the attending parent, guardian or carer;

5. Be present for every appointment. Although not required under the law, a parent, guardian or legally entitled carer should be present at every appointment to satisfy themselves (as far as is possible) that the treatment the child receives is both relevant and necessary. They should also ensure that they understand the pros and cons of any proposed treatment and approve the treatment plan offered;

6. Satisfy themselves that, once point 4 is followed, only services actually provided are claimed from Medicare. This is important to ensure that the child receives the benefit of their full entitlement under the CDBS; and

7. Ensure that any dentist or organisation offering CDBS services is willing to fulfill each of the foregoing requirements and, in particular, is personally available for appropriate follow-up care.

For further Information Interested persons in both New South Wales and the Australian Capital Territory should contact the Australian Dental Association (NSW Branch) on (02) 8436 9900 and speak with a Community Relations Officer.