

CIRCULAR

Date: March 24, 2026

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Alternate Program(s): MSPD

To: Program Managers

Circular 2013-35
Circular 2013-45
Section 22.1.1 Health Services Program
Section 22.1.5 Participants with Alternative Health Coverage
Section 22.1.6 Health Card Only
Section 22.1.7 Single Grant
Section 22.1.11 Rewarding Work Health Plan

Type: Policy For Internal Reference Only
 Procedure
 Rate
 Information Only

Effective Date: **April 1, 2026**

This circular is to advise of a change to Health Services dental coverage for all income assistance recipients.

Upon implementation, Health Services will enforce the existing requirement for income assistance recipients to "make all reasonable efforts on behalf of himself or herself and any dependents to obtain the maximum amount of compensation, benefits or contribution to support and maintenance that may be available under another Act or program, including an Act of Canada or a program provided by the Government of Canada" (Assistance Regulation, s12.1(2) and Disability Support Regulation, s25(1)).

In practice, this means that effective **April 1, 2026 for all newly enrolled income assistance recipients**, and **effective September 1, 2026 all existing income assistance recipients**, recipients must provide evidence that they are ineligible for the [Canadian Dental Care Plan](#) (CDCP) before they can receive dental coverage through the Health Services program.

Health Services will continue to provide dental coverage to income assistance (EIA and MSPD) recipients who are not eligible for the CDCP, or who require emergency dental care prior to CDCP enrollment. There is no change in coverage for children in care of Child and Family Services.

Income assistance recipients with private health insurance are not impacted by this change and are not required to apply for the CDCP.

In general, the CDCP provides more comprehensive coverage for services than what is provided under Health Services dental coverage. For services covered by Health Services that are not covered by CDCP (i.e. space maintainers and night guards), dental offices will coordinate with the Health Services unit for pre-authorization on a case-by-case basis.

Implementation

All income assistance recipients will be notified of this change by letter in March 2026 (attached as Appendix A). At point of intake, all new income assistance applicants should be made aware that dental coverage is only available through Health Services when CDCP coverage is not available. There are no changes to waiting periods for Health Services for newly enrolled EIA recipients.

The default assumption is that all recipients are eligible for CDCP. No documentation or file updates are required for recipients who enrol on the CDCP, and dental benefits will not be provided unless evidence of ineligibility is provided.

Households Not Eligible for the CDCP

Households who provide evidence of ineligibility for the CDCP can continue to access Health Services dental coverage.

In order to receive coverage through Health Services, affected recipients must provide EIA or MSPD with evidence of their ineligibility for CDCP so their file can be updated accordingly. A decision letter from CDCP, or tax forms showing adjusted net family income of more than \$90,000 from the previous tax year can be considered acceptable evidence. Ineligibility for CDCP due to excess net family income should trigger an eligibility review for income assistance, if appropriate.

Failure to complete a CDCP application and unfiled tax returns are not sufficient conditions for coverage by Health Services.

If an individual is financially ineligible for the CDCP, they would be expected to re-apply for the CDCP the following next tax year.

Individuals who are ineligible for the CDCP due to private insurance coverage would not be expected to re-apply for the CDCP the following year as long as their private insurance coverage remains. If a person's private insurance coverage changes mid-year, they would be expected to apply for the CDCP program at the time of lost coverage.

Emergency Dental Benefits

Procedures and services to address dental emergencies can be covered for any recipient without an alternative source of coverage, regardless of whether they have applied for the CDCP. A dental emergency is generally defined as a procedure needed to relieve pain.

The Health Services team will review requests for coverage to determine whether an emergency dental need exists. In accordance with section 22 of the EIA Administrative Manual, field delivery staff must not authorize dental services. Only members of the Health Services unit in the Provincial Services branch are authorized to approve dental services.

Health Coverage Only, Rewarding Work Health Plan and Single Grants

Similar to all other income assistance participants, Health Coverage Only and Rewarding Work Health Plan (RWHP) recipients are expected to apply for the CDCP before they may receive dental services. Single grants for dental benefits can only be provided for emergency and exceptional situations.

Established approval procedures for health need expenditures must be followed for Single Grants, RWHP and Health Coverage Only participants.

Appendix A – Letter sent to Participants