

# Children in Need of Treatment (CINOT) Program Protocol

## Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act (HPPA)<sup>1</sup> to specify the mandatory health programs and services provided by boards of health. Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

## Purpose

This protocol has been developed to standardize case management for children with identified urgent dental care needs. The administration of the Children in Need of Treatment (CINOT) program is described in this protocol.

This protocol replaces the *Children in Need of Treatment (CINOT) Program Protocol, August 29, 1997*.

## Statutory Basis

The statutory basis for this protocol is the HPPA, Section 7.<sup>1</sup> Other relevant legislation includes the Child and Family Services Act, R.S.O. 1990<sup>2</sup>; the Personal Health Information Protection Act<sup>3</sup>; the Dental Hygiene Act, 1991, S.O. 1991<sup>4</sup>; and the Dentistry Act, 1991, S.O. 1991.<sup>5</sup>

## Reference to the Standards

The table below identifies the OPHS standard and requirement to which this protocol relates.

Standard	Requirement
Child Health	Requirement #12: The board of health shall provide the Children in Need of Treatment (CINOT) Program in accordance with the <i>Children in Need of Treatment (CINOT) Program Protocol, 2008</i> (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken.

## Operational Roles and Responsibilities

### 1) Identification

The board of health shall:

- Provide the CINOT program as described in and in accordance with the most current versions of the Ministry of Health Promotion's (the "ministry") *CINOT Schedule of Dental Services and Fees (Dentist Providers)*<sup>6</sup> and *CINOT Schedule of Dental Services and Fees (Non-Dentist Providers)*<sup>7</sup>, as these documents are updated from time to time.

- b) Identify clinically CINOT-eligible\* children through oral health screening by board of health staff as per the procedure in the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current). Where oral health screening by board of health staff is unavailable due to geographic isolation or emergency circumstances (as outlined in the schedules noted in 1a) above), children shall be identified through dental referrals from qualified practitioners.
- c) For non-school entry points to public health programs and services, offer a screening appointment within five business days at an alternate (non-school) facility, when a parent/guardian requests a screening. Alternate facilities may include but are not limited to a board of health office, a community centre, a food bank, a shelter, or an Ontario Early Years Centre.
- d) Use the ministry's Oral Health Information Support System (OHISS) or any other method specified by the ministry to conduct case management (i.e., tracking from screening until the case is completed or closed) and for CINOT administration.

## 2) Notification/Case management

The board of health shall:

- a) Notify parents/guardians for all children meeting the age/grade and dental criteria for the CINOT program within two business days or, within two business days of completing screening in a school. This notification shall be by mail, telephone discussion or direct contact, and must include issuing a Parent Notification Form (PNF1).
- b) Mail a PNF2 or have a telephone discussion with the child's parent or guardian if there is no response to the PNF1 within 20 business days of the date of issue of the PNF1.
- c) Issue a PNF3 with proof of delivery if there is no response to the PNF2 (or telephone discussion) within 20 business days of the date of issue of the PNF2 (or telephone discussion).
- d) Through oral health staff who screened the child, report any suspicion that a child is suffering from abuse and/or neglect and may be in need of protection to the local Children's Aid Society, in accordance with Section 72 (1) of the Child and Family Services Act.<sup>2</sup> If there is no response to the PNF3 within 20 business days of the date of issue, the board of health staff member who performed the original dental screening shall make the referral. As well, the staff member who does the original screening of the child shall be responsible for ensuring that case management is completed (i.e., the child receives treatment or is referred to the Children's Aid Society).
- e) Ensure that a PNF1 generated from the OHISS software is completed, signed, and dated before a child is eligible for the CINOT program.
- f) Contact the dental office (where known) or re-contact the parent or guardian within four months when a CINOT claim form has been issued and no claim has been received. When no treatment has been initiated, the child shall be referred to the local Children's Aid Society for the urgent dental condition identified through screening.
- g) Adjudicate predetermination requests and issue a response within five business days of the date of receipt.
- h) Mark a case complete on the OHISS or any other method specified by the ministry when:
  - i) The case is marked complete on the claim form by the treatment provider;
  - ii) The PNF1 is returned with Section A signed by the treatment provider;
  - iii) The child has been re-screened by board of health staff and deemed non-urgent; or
  - iv) The child has been referred to the local Children's Aid Society.

\* Criteria for CINOT eligibility are listed in the CINOT Schedule of Dental Services and Fees (Dentist Providers) and CINOT Schedule of Dental Services and Fees (Non-Dentist Providers).

- i) Mark a case closed on the OHISS or any other method specified by the ministry when:
  - i) The child has been referred to another board of health;
  - ii) The child has moved out of Ontario;
  - iii) The family has moved from the address on file at the school, or provided during non-school screening and no contact information can be obtained; or
  - iv) The child is deceased.
- j) Process, adjudicate (if required), and mark claim “ready to pay” on the OHISS or any other method specified by the ministry within five business days of the date of receipt of claim.
- k) Issue a cheque to the treatment provider within 20 business days once a claim is marked “ready to pay” on the OHISS or any other method specified by the ministry.
- l) Quality assurance: Each school year, re-screen a 10 per cent sample of children who received care through CINOT during the previous school year.

### 3) Data collection, reporting, and information transfer

The board of health shall:

- a) Use the OHISS or any other method specified by the ministry to track children identified with urgent conditions, conduct case management, facilitate CINOT administration, run local reports for surveillance purposes, and transfer cases between boards of health.
- b) Use the OHISS or any other method specified by the ministry to collect the following information for all children identified with an urgent dental condition:
  - i) Date of screening;
  - ii) Demographic information of the child;
  - iii) Contact information of the parent/guardian;
  - iv) Screening findings, including personal health information;
  - v) Treatment information, including personal health information;
  - vi) Payment information; and
  - vii) All interactions with the family and/or dental office.
- c) Input all existing historical CINOT data as outlined in 3b), above, upon the introduction of the OHISS or any other method specified by the ministry.

## References

1. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7.  
Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90h07\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm).
2. *Child and Family Services Act*, R.S.O. 1990, c.C.11.  
Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90c11\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm).
3. *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A.  
Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_04p03\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm).
4. *Dental Hygiene Act, 1991*, S.O. 1991, c. 22.  
Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_91d22\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91d22_e.htm).
5. *Dentistry Act, 1991*, S.O. 1991, c. 24.  
Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_91d24\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91d24_e.htm).
6. Ministry of Health Promotion. CINOT schedule of dental services and fees (dentist providers). Toronto, ON: Queen’s Printer for Ontario; 2008.
7. Ministry of Health Promotion. CINOT schedule of dental services and fees (non-dentist providers). Toronto, ON: Queen’s Printer for Ontario; 2008.