Comprehensive Addiction and Recovery Act (CARA)

Plan of Care - PART A

HOSPITAL REPRESENTATIVE, for all infants known or with reasonable cause to believe born with a fetal alcohol spectrum disorder, affected by substance use, or experiencing symptoms of withdrawal from a drug as a result of exposure to the drug in utero, please:

1. Complete the Plan of Care with the infant's family/caregiver;
2. Provide a copy of **Part B** of the Plan to the infant's family/caregiver; and
3. Provide a copy of **Parts A and B** via the designated online platform to DPBH within 24 hours of infant's discharge. Do not submit the Plan of Care by fax. For access to the online platform, contact Baldo Bobadilla at bbobadilla@unr.edu.

Participation in a CARA Plan of Care is voluntary and should be completed prior to hospital discharge.

Section I: Hospital Information	
Name of Hospital:	
Hospital primary care physician:	**Actual infant discharge date:**
Name and title of person completing form:	**Phone number:** ( )
Section II: CPS Notification	
Was a CPS notification made? □ Yes □ No -If yes, CPS referral Number:	
Section III: Infant's Information	
First name:	**Last name:**
DOB: (mm/dd/yyyy)	**Sex:**
Section IV: Mother's Information unless infant was placed with a caregiver other than parent please note relation	
Relationship to infant: □mother □ father □ grandparent(s) □ aunt or uncle □ other relative □ sibling □ other - If other relation, please note:	
First name:	**Last name:**
DOB: (mm/dd/yyyy)	**Phone number: ( )**	**Zip Code:**

Section V: Additional Members Participating in the Plan of Care (optional)	
Name:	**Relationship to Infant:**

Section VI: Mother's Prenatal Substance Use	
Check all that apply	
□ Alcohol	□ Stimulants (Adderall, Ritalin)
□ Methamphetamine/Amphetamines (ice, crank, crystal, ice, uppers, speed)	□ Marijuana/Hashish
□ Opioids - **Prescribed** (buprenorphine (Subutex/Suboxone), fentanyl, hydrocodone, oxycodone, methadone)	□ Cocaine/Crack
□ Opioids - **Non-Prescribed** (fentanyl, heroin, hydrocodone, oxycodone, buprenorphine, methadone)	□ Over the Counter Medications
□ Benzodiazepines (Xanax, valium, klonopin, ativan) other sedative –hypnotics ("Z-drugs" ambien, lunesta, sonata)	□ Other: **Barbiturates, Synthetic** (Bath Salts, Ecstasy, Molly, etc.) **Hallucinogen**s (LSD, PCP/angel dust) **Tranquilizers** (downers, ludes) **Inhalants** (gasoline, glue, other aerosols) **Nicotine** (please specify):

FOR REFERENCE ONLY. DO NOT SUBMIT.

CARA Plan of Care - PART B

Infant's family/caregiver and hospital representative complete PART B together.

Section I: Referrals, Education, and Plan of Care

Check box(es) for all applicable services and new referrals for infant and mother/caregivers:

	The following service(s) are recommended	Referral Person/Organization and Contact Information
	Services for Mother/Caregiver(s)	
□	Substance Use Disorder Treatment	
□	Medication Assisted Treatment (MAT)	
□	Peer Support	
□	12 Step Group	
□	Mental Health/Psychiatry	
□	Post-Partum Depression Education/Referral	
□	Contraceptive Health Education/Referral	
□	Maternal Lactation Education	
□	Women Infants & Children (WIC)	
□	Food, Clothing, Energy, or Transportation	
□	Housing, Emergency Shelter, Safe Shelter	
□	Employment/Financial/Insurance Assistance	
□	Education, Legal Aid	
□	Hepatitis B and C Information	
□	Parenting Groups	
□	Home Visiting	
□	Respite Care	
□	Tribal Services	
□	Other- please note:	
	Services for Infant	
□	Pediatrician	
□	Safe Sleep	
□	Early Intervention	
□	Child Care & Head Start	
□	Medical Services	
□	Other - please note:	

Mother's Primary Care Provider:

Section III Signatures:

(Indicates consent for voluntary participation in development of this Plan of Care and receipt of a copy of the plan.)

Parent:	**Staff:**
Date of signature:	**Date of signature:**