State of Nevada
Division of Public and Behavioral Health

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** to DPBH within 24 hours of infant's discharge.

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:** Female

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):

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CARA Plan of Care - PART B

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

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/Caregiver:	**Staff:**
Date of signature:	**Date of signature:**