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Governor



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Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
Helping people. It's who we are and what we do.



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MTL # 0519-9132024

TO: Jill Marano, Director – Clark County Family Services
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FROM: Betsey Crumrine, Interim Deputy Administrator, Division of Child and Family Services

POLICY DISTRIBUTION

Enclosed find the following policy for distribution to all applicable staff within your organization:

0519 CARA Plan of Care

This policy is/was effective: 09/13/2024

- This policy is new. Please review the policy in its entirety
- This policy replaces the following policy(s): MTL # _____ - _____ Policy Name: _____
- This policy has been revised. Please see below for the type of revision:
 - This is a significant policy revision. Please review this policy in its entirety.
 - This is a minor policy revision: (List page number & summary of change):
Pages 2-3 Minor revisions for clarity; no changes to policy requirements for staff
 - A policy form has been revised: (List form, page number and summary of change):
- This policy has been reviewed for statewide compliance.

NOTE:

- Please read the policy in its entirety and note any areas that are additionally required by your agency to be in compliance with the policy enclosed.
- This is an **ALL STAFF MEMO** and it is the responsibility of the person listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.
- The most current version of this policy is posted on the DCFS Website at the following address: <http://dcfs.nv.gov/Policies>
Please check the table of contents on this page for the link to the chapter you are interested in.

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0519 CARA Plan of Care

Policy Approval Clearance Record

<input checked="" type="checkbox"/> Statewide Policy <input type="checkbox"/> Administrative Policy <input type="checkbox"/> DCFS Rural Region Policy	<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Modified Policy <input type="checkbox"/> This policy supersedes:
Date Policy Effective:	09/13/2024
Attorney General Representative Review:	03/04/2019
DCFS Deputy Administrator Approval	09/13/2024
DMG Original Approval	04/29/2019
DMG Approved Revisions	N/A

STATEMENT OF PURPOSE

Policy Statement: To ensure the safety and well-being of infants born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder through the assessment and development of CARA Plans of Care for affected infants and caregiver.

Purpose: In response to CAPTA requirements, a CARA Plan of Care, developed by health care providers, must be completed before the infant is discharged from the care of the healthcare provider. CARA Plans of Care are developed to ensure that infants identified as being prenatally affected to substances receive a coordinated response from Public Health and Child Welfare Agencies to meet the service and treatment needs of the affected children and their families.

AUTHORITY

Federal: [Child Abuse Prevention and Treatment Act, Re-authorization Act 2010, Section 106\(b\)\(2\)\(B\)\(ii\)-\(iii\)](#); [Individuals with Disabilities Education Act \(IDEA, Part C, 2004\)](#); [Comprehensive Addictions and Recovery Act of 2016 \(CARA\)](#);

NAC: [NAC 432B.140](#); [NAC 432B.150](#); [NAC 432B.155](#); [NAC 432B.160](#); [NAC 432B.170](#); [NAC 432B.180](#); [NAC 432B.185](#); [NAC 432B.190](#); [NAC 432B.200](#); [NAC 432B.210](#); [NAC 432B.220](#); [NAC 432B.230](#); [NAC 432B.240](#); [NAC 432B.260](#); [NAC 449](#).

NRS: [NRS 432B.130](#); [NRS 432B.160](#); [NRS 432B.170](#); [NRS 432B.190](#); [NRS 432B.210](#); [NRS 432B.220](#); [NRS 432B.230](#); [NRS 432B.240](#); [NRS 432B.250](#); [NRS 432B.255](#); [NRS 432B.260](#); [NRS 432B.270](#); [NRS 432B.280](#); [NRS 432B.290](#); [NRS 432B.300](#); [NRS 432B.310](#); [NRS 432B.320](#); [NRS 432B.330](#); [NRS 432B.340](#); [NRS 432B.370](#); [NRS 432B.390](#); [NRS 432B.400](#); [NRS 439.200](#); [NRS 449.0301](#)

DEFINITIONS

Agency which Provides Child Welfare Services: In a county whose population is less than 100,000, the local office of the Division of Child and Family Services (DCFS); or In a county whose population is 100,000 or more, the agency of the county which provides or arranges for necessary child welfare services. May also be referred to as “Agency” or “Child Welfare Agency.”

CARA Plan of Care (CARA Plan): Comprehensive Addiction and Recovery Act (CARA) of 2016 mandates a state to require the development of a CARA Plan of Care. This plan will address the safety, health and substance use disorder treatment needs of the infant and affected family member or caregiver through the interdisciplinary coordination of services to enhance the overall well-being of the infant and family/caregiver.

Child Welfare Services: As defined by NRS 432B.044, includes, without limitation: 1. Protective Services, investigations of abuse or neglect and assessments; 2. Foster care services, as defined in NRS 432.010; and 3. Services related to adoption.

Fetal Alcohol Spectrum Disorders: A continuum of birth defects caused by maternal consumption of alcohol during pregnancy. The term includes, without limitation, fetal alcohol syndrome ([NRS 432B](#), [SB 480](#)).

Infant: A child between birth and age one (1).

Intake Worker: The state/county child welfare agency worker or designee who takes the report. This does not refer to a dispatch or an Emergency Response Team worker.

Medication Assisted Treatment (MAT): The use of medications in combination with counseling and behavioral therapies to provide a whole patient approach to the treatment of substance use disorders (SAMSHA definition).

Neonatal Abstinence Syndrome (NAS): A term used to represent the pattern of effects that are associated with opioid withdrawal in newborns. NAS symptoms are affected by a variety of factors, including the type of opioid the infant was exposed to, the point of gestation when the mother used the opioid, genetic factors, and exposure to multiple substances (SAMSHA definition).

State: An alternate word for the Division of Child and Family Services (DCFS) or Family Programs Office (FPO).

Substance-Affected Infants (SAI): A newborn infant that has been affected by prenatal substance abuse (licit or illicit) or has withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder ([NRS 432B.220](#)). SAI should be identified by a qualified medical professional and may be reported by hospital and/or medical personnel. Physical signs of infants affected by prenatal drug exposure may include; but is not limited to: crying and tremors, painful facial expression, small size for gestational age and unusually thin arms and legs. Because substance affected infants have a delayed response to the care they receive, a baby may continue to cry and/or tremble for a long time even after he or she has been picked up and cared for, thus increasing the risk of child maltreatment.

Substance Use Disorder: A complex behavioral disorder characterized by preoccupation with obtaining alcohol or other drugs (AOD) and by narrowing of the behavioral repertoire toward excessive consumption and loss of control over consumption. It is usually also accompanied by the development of tolerance and withdrawal and impairment in social and occupational functioning (SAMSHA definition).

STANDARDS/PROCEDURES

Mandated Reporting of Substance Affected Infants

1. [NRS 432B.220\(3\)](#) requires healthcare providers who deliver or provide medical services to a newborn infant, and who in their professional or occupational capacity, knows or has reasonable cause to believe the infant has been affected by the following to notify the Child Welfare Agency:
 - a. Infants born and identified as:
 - i. being affected by substance abuse (misuse); or
 - ii. exhibiting withdrawal symptoms resulting from prenatal drug exposure; or
 - iii. having a Fetal Alcohol Spectrum Disorder.
2. All notifications should generate a new referral and be recorded as a report in UNITY. A notification does not automatically mandate the Child Welfare Agency to screen in the family for investigation, rather the Child Welfare Agency shall refer to [0506 Intake Policy](#) for information collection required for reports that involve a substance affected infant and screening and response times.

Using CARA Plans of Care

1. Health care providers that deliver or provide medical services to an infant in a medical facility and who, in his or her professional occupational capacity, knows or has reasonable cause to believe that the infant has been affected by a fetal alcohol spectrum disorder or prenatal substance abuse or is experiencing withdrawal symptoms resulting from in utero drug exposure shall ensure a CARA Plan of Care is in place

prior to discharge. Pursuant to [NAC 449](#), CARA Plans of Care shall be made to Child Welfare Agencies upon request.

- a. Each Child Welfare Agency should have designated staff who have access to request the CARA Plan of Care from the Division of Division of Public and Behavioral Health (DPBH). If the Child Welfare Agency needs to obtain access for new staff, information about the request process can be found online at [CARA Plan of Care Requests](#).
2. The CARA Plan of Care should address the needs of the child as well as those of the caregiver to assure that appropriate services are provided to the caregiver and infant to ensure the infant's well-being. There will be instances that a caregiver will decline to engage in a CARA Plan of Care; this in and of itself does not require the Child Welfare Agency to screen-in the report for maltreatment.
3. A CARA Plan of Care is not the same as a Safety Plan but may be one critical component of the Safety Plan. A safety plan addresses immediate safety concerns and the CARA Plan addresses the affected caregiver(s) need for substance use and/or mental health treatment and the health and developmental needs of the affected infant. The CARA Plan of Care may provide pertinent information for safety planning.

Information included in a CARA Plan of Care

1. A CARA Plan of Care should address the caregiver(s) need for treatment for substance use and mental disorders, appropriate care for the infant who may be experiencing neurodevelopmental or physical effects or withdrawal symptoms from prenatal substance exposure, and services and supports that strengthen the caregiver(s) capacity to nurture and care for the infant and to ensure the infant's continued safety and well-being.
2. At a minimum the CARA Plan of Care should include referrals for:
 - a. The caregiver(s) health including but not limited to, post-partum care, substance abuse treatment; mental health and parenting support; and
 - b. The infant's health care and early intervention services.

Monitoring a CARA Plan of Care

1. Cases open to Child Welfare will have the CARA Plan of Care incorporated into the family's case plan to address the infant's and caregiver's ongoing substance use treatment, medical, developmental, social and emotional needs at the time the initial case plan is completed or within thirty (30) calendar days of receipt when there is an existing case plan in place. The caseworker shall clearly identify and document the effect(s) of the substance abuse, withdrawal symptoms, and/or fetal alcohol spectrum disorder, as well as the specific action steps necessary to assist maintaining children in their homes or, if appropriate, to promote family reunification. The infant and caregiver's needs and services should be documented in the case plan. The CARA Plan of Care should be reviewed and updated in accordance with statewide policy [0204 Case Planning](#). The CARA Plan of Care may be attached to the case plan.

Referral to NEIS

1. A referral to Nevada Early Intervention Services (NEIS) must be made for infants with a CARA Plan of Care. This is applicable to screened-in cases and is required to be completed by the assigned caseworker within two (2) days of the receipt of the CARA Plan of Care. This referral must be documented in the Service Array Window (CFS 067) in UNITY by the assigned caseworker or social worker.

Documentation:

Case File Documentation (paper)

File Location	Data Required
• Location in primary file	• CARA Plan of Care

UNITY Documentation (electronic)

Applicable UNITY Screen	Data Required
<ul style="list-style-type: none">• Case Notes	<ul style="list-style-type: none">• Document CARA Plan of Care received
<ul style="list-style-type: none">• Service Array Window (CFS067)	<ul style="list-style-type: none">• NEIS Referral

JURISDICTIONAL ACTION

Development of Internal Policies: Agencies which provide child welfare services shall develop internal policies and procedures as necessary to implement the provisions of Federal and State law and this policy.

Supervisory Responsibility: Provide guidance to caseworker during times of concern or uncertainty in regard to this policy.

STATE RESPONSIBILITIES

The State will provide technical assistance regarding program development and implementation to the Child Welfare Agencies.

POLICY CROSS REFERENCE

- [0204 – Case Planning Policy](#)
- [0502 – Developmental Assessments and Services Policy](#)
- [0506 – Intake Policy](#)
- [0508 – Nevada Initial Assessment Policy](#)

History and Updates: This policy was new and effective 04/30/2019. This policy was revised on 09/13/2024.

ATTACHMENTS

- FPO 0519A – Practice Guidelines for CARA Plan of Care
- FPO 0519B – Tips for Caregivers on Caring for Substance Affected Infants