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**Manual Transmission Letter (MTL)**  
**Family Programs Office: Statewide Child Welfare Policy Manual**

MTL # 0519-04302019  
04/30/2019

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TO: Timothy Burch, Administrator - Clark County Department of Family Services  
Betsey Crumrine, Social Services Manager V - DCFS – District Offices  
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Amber Howell, Director - Washoe County Human Services Agency

FROM: Kathryn Roose, Deputy Administrator, Division of Child and Family Services

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**POLICY DISTRIBUTION:**

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

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

This policy is/was effective:

- 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):
  - A policy form has been revised: (List form, page number and summary of change):  
▪ \_\_\_\_\_

**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.

## 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:	04/29/2019
Attorney General Representative Review:	03/04/2019
DCFS Deputy Administrator Approval	04/19/2019
DMG Original Approval	<b>04/29/2019</b>
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 parent/caregiver.

**Purpose:** In response to CAPTA requirements, a CARA Plan of Care, developed by health care providers, should be in place 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](#) requires reporting by healthcare providers involved in the delivery or care of infants born and identified as:
  - a. being affected by substance abuse (misuse); or
  - b. exhibiting withdrawal symptoms resulting from prenatal drug exposure; or
  - c. 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 should screen the referral based on the criteria in the statewide policy "[0506 Intake Assessment and Priority Response Times](#)."

### **Information Collected from Hospitals/Medical Personnel**

1. In addition to the Information Collection Standard outlined in policy "[0506 Intake and Priority Response Times](#)", the hotline/intake screener should explore the following information to support information collection and screening decisions regarding Substance Affected Infants.
  - a. The nature and extent of the effects of the prenatal alcohol and/or drug exposure on the newborn and the nature of the withdrawal symptoms (NAS) including the medical diagnosis and/or copy lab results;
  - b. Type of drug exposure;

- c. The infant's medical condition and any current or ongoing health care needs, including an extended hospital stay prior to discharge;
- d. Special medical and/or physical problems in the newborn infant;
- e. Medical monitoring and/or special equipment or medications needed by the newborn infant;
- f. Prenatal care history;
- g. Parent preparations for the care of the infant;
- h. The nature and extent of the mother's current drug use;
- i. The nature and extent of mother's compliance with MAT or substance treatment including medication
- j. Parenting skills demonstrated in the health care setting that suggest a lack of responsiveness to the newborn infant's needs (e.g., little or no response to infant's crying, poor eye contact, resistance to or difficulties in providing care);
- k. Limited or no family support;
- l. Anticipated Discharge Date; and/or
- m. CARA Plan of Care completed/requested.

### **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 available to Child Welfare Agencies upon request.
2. The CARA Plan of Care should address the needs of the child as well as those of the parent or caregiver to assure that appropriate services are provided to the parent/caregiver and infant to ensure the infant's well-being. There will be instances that a parent 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 caretaker'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 mother's (and potentially the other primary caregivers) 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 parents' 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:
  - a. Referrals for the mother's health including and post-partum care, substance abuse treatment; mental health and parenting support; and,
  - b. Referrals for 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 outcomes. 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 social worker or 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.

**Timeline:** Policy/procedure development and implementation will adhere to any statewide policies when developing internal policy timelines.

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Inquire and document if a CARA Plan of Care is completed	Completion of Intake Referral	When call is received	Intake/Hotline Worker	Intake/Hotline Worker will ask reporting party if CARA Plan of Care is completed and document in UNITY
Utilize CARA Plan of Care in NIA assessment	Prior to conclusion of NIA	Start of NIA assessment	Assigned Social Worker or Case Manager	Request and utilize CARA Plan of Care when case is opened for assessment
Refer infant to NEIS for evaluation	Within 2 days of the receipt of the CARA Plan of Care	The receipt of the CARA Plan of Care	Assigned Social Worker or Case Manager	Refer substance affected infant with CARA Plan of Care to NEIS for evaluation
Utilize CARA Plan of Care in Case Planning	Prior to conclusion of case plan	Start of PCFA process	Assigned Social Worker or Case Manager	Utilize CARA Plan of Care when creating case plan

## 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
• Service Array Window (CFS067)	• 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 Child Abuse Prevention and Treatment Act \(CAPTA\) – Individuals with Disabilities Education Act \(IDEA\) Part C](#)
- [0506 Intake Assessment and Priority Response Times](#)
- [0509 Nevada Initial Assessment \(NIA\)](#)

**History and Updates:** This is a new policy.

## **ATTACHMENTS**

FPO 0519A – Practice Guidelines for CARA Plan of Care

FPO 0519B – Tips for Caregivers on Caring for Substance Affected Infants