

Allen County PLAN OF SAFE CARE (POSC)

Patient Information:

Current Date: _____

Name:

Delivery Due Date:

Address:

Phone:

A Plan of Safe Care (POSC), established by the Comprehensive Addiction and Recovery Act (CARA), was signed into law on July 22, 2016. A POSC describes the services and supports needed to address the needs of infants prenatally exposed to the abuse of substances (legal and illegal) and their families. Ohio Revised Code requires a mandated report to Children Services if mother or infant tests positive for an illegal, non-prescribed and/or misused prescribed substance, infant shows signs of withdrawal resulting from pre-natal exposure or diagnosed with Fetal Alcohol Spectrum Disorder. The POSC must address the immediate safety, health, and developmental needs of the affected infant, and include the health and substance use disorder treatment needs of the affected parents or caregivers. It is best practice that the POSC be developed prior to birth with input from the parents and caregivers, and in collaboration with the health-care professionals and agencies serving the affected infant and family.

Community Partners are encouraged to help build supportive teams, complete inter-agency ROI, and share updates with the patient’s care team.

PRE-NATAL PLANNING:

Medical Treatment Provider (SUD): _____ Contact: _____

Clinical Treatment Provider (Counseling/other): _____ Contact: _____

OBGYN: _____ Contact: _____

Hospital for Delivery: _____ Contact: _____

PCP: _____ Contact: _____

Pediatrician to Follow: _____ Contact: _____

Other: _____

Primary Diagnosis Codes MEDICAL TEAM (ICD – 10) and Treatment Plan:

Primary Diagnosis Codes CLINICAL TEAM (ICD-10) and Treatment Plan:

Special Notes/Updates:

When team is set (or 25-36 weeks), call Allen County Children Services 419-227-8590 and FAX form to 419-227-4009.

Allen County Plan of Safe Care

POST DELIVERY:

Location of Delivery: _____

Mother's Name:

Infant's Name:

Date of Birth:

Weeks:

Sex:

Weight:

Length:

APGARS:

INFANT Notes: Include doctor's diagnosis, withdrawal symptoms, signs of delay, or medical issues

INFANT Toxicology: if ordered, date sent

MOTHER Toxicology:

Hospital Report on Mother/Child Bonding:

(NA- not applicable, 1- major concern, 2- some concern, 3-meets expectation, 4- exceeds expectations)

Involvement with care: NA 1 2 3 4

Notes:

Family Support/Living Arrangements: 1 2 3 4

Notes (include names/roles of those living in home and any SUD concerns or safety of infant)

In home support: _____

Names of those in home with SUD concerns: _____

Father Involvement: NA 1 2 3 4

Notes (name of father, if provided):

Medicaid eligible? Yes No

Name of MCO Provider: _____

Pediatrician: _____

Provider for mom's follow-up care: _____

Refer to Allen County Early Intervention, call 419-221-1385 ext. 1017 Date of referral: _____

If referred to SUD Treatment Provider: Provider Agency: _____ Date: _____

If referred for MH Treatment, Provider Agency: _____ Date: _____

Fax to Allen County Children Services at 419-227-4009 and call report 419-227-8590 (Mon-Fri 8AM-4:30PM)

Mandated Reporter Signature: _____ Date _____