

July 25, 2017

Dear member hospitals:

As the number of unintentional injuries and deaths from opioid misuse continue to climb, the North Carolina Department of Health and Human Services and NCHA have partnered to identify solutions that protect patients and families while minimizing additional administrative burden on health systems.

Pregnant women and their newborn infants are among the populations most vulnerable to opioid misuse. In response, in 2016, Congress passed the Child Abuse Prevention and Treatment Act (CAPTA) amendment under the Comprehensive Addiction and Recovery Act (CARA) legislation. The now amended CARA legislation mandates that states define "substance affected infant" and develop a strategy for ensuring those infants and their families receive needed follow-up care after birth, called "plans of safe care."

The NC DHHS, with the input of subject matter experts, recently finalized NC's definitions for "substance affected infants." By August 1, 2017, to remain compliant with federal CARA mandates, delivering facilities in North Carolina must notify local Departments of Social Services following the birth of infants who meet the following criteria:

Affected by Substance Abuse – *Infants who have a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards OR Medical evaluation, including history and physical of mother, or behavioral health assessment of mother, indicative of an active substance use disorder, during the pregnancy or at time of birth.*

Affected by Withdrawal Symptoms – *The infant manifests clinically relevant drug or alcohol withdrawal.*

Affected by FASD (Fetal Alcohol Spectrum Disorder) – *Infants diagnosed with one of the following: Fetal Alcohol Syndrome, Partial FAS, Neurobehavioral Disorder associated with Prenatal Alcohol Exposure, Alcohol-Related Birth Defects, Alcohol-Related Neurodevelopmental Disorder OR known prenatal alcohol exposure when there are clinical concerns for the infant according to current evaluation and management standards.*

The plans of safe care, which will be developed by the county child welfare agency and implemented by the Care Coordination for Children program (CC4C) must support the health of the infant and mother, through increased access to treatment and support, and not penalize the mother and family. Follow up interventions will include both acute and ongoing developmental/early intervention services through robust coordination of care among health systems, social services, substance abuse disorder treatment and other community providers.

We thank you for your commitment to the highest quality of care for our state and its most vulnerable citizens, and please let us know if NCHA or NC DHHS can assist in any way.

Respectfully,



Stephen J. Lawler
President
North Carolina Hospital Association



Mandy Cohen, MD, MPH
Secretary
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