

CARA Plan of Care Tracking

Record ID

CARA ID

Birth Hospital

- Alta Vista
- Carlsbad Medical Center
- Cibola
- Colfax Miners
- Covenant Lubbock
- Crownpoint
- CSVH
- ENMMC
- GMC
- Gerald Champion
- Gila
- Holy Cross
- Lea Regional
- Lincoln Memorial
- Lovelace
- Lovelace NICU
- Lovelace Roswell
- Lovelace Westside
- Lovelace Women's
- Mimbres
- MMC
- Mountainview
- Plains Regional Clovis
- Pres Espanola
- Pres Main
- Pres NICU
- Pres Rust
- Pres Santa Fe
- Pres Socorro
- Providence El Paso
- Rehoboth McKinley
- San Juan Regional
- UNMH
- UNMH NICU
- Unknown
- Zuni

Transfer Hospital

Child Last Name

Child First Name

Child Full Name

Child DOB

Discharge Date

Date POC Received

Bio Mother Last Name

Bio Mother First Name

Bio Mother Full Name

Bio Mother DOB

Street Address

Zip Code

City

County

- Bernalillo
- Catron
- Chaves
- Cibola
- Colfax
- Curry
- De Baca
- Dona Ana
- Eddy
- Grant
- Guadalupe
- Hidalgo
- Lea
- Lincoln
- Los Alamos
- Luna
- McKinley
- Mora
- Otero
- Other
- Out of State
- Quay
- Rio Arriba
- Roosevelt
- San Juan
- San Miguel
- Sandoval
- Santa Fe
- Sierra
- Socorro
- Taos
- Torrance
- Union
- Valencia

Region

Phone Number

Phone Number 2

Phone Number 3

Infant's Discharge Housing Status

- Parental Home
- Designated Caregiver
- Grandparents Home
- Foster Home
- Precariously Housed
- Facility/Shelter
- CYFD
- Unknown

Designated Caregiver

Designated Caregiver Relationship

Plan of Care Status

Accepted
 Accepted, declined all services
 Declined

If not accepted, reason why:

Care Coordinator Cannot Reach Parent

Yes
 No

Parent Refused Care Coordinator

Yes
 No

Did not receive care coordination

Yes
 No

MCO Care Coordination Level

CCL1: General Population
 CCL2: Care Coordination Level 2
 CCL3: Care Coordination Level 3
 CCL4: Refused Care Coordination (RCC)
 CCL5: Difficult to Engage (DTE)
 CCL6: Health Home
 CCL7: Health Home
 CCL8: Health Home
 CCL9: Health Home
 CCL0: Unable to Reach (UTR)
 CCLA: Shared Functions Model - Care Coordination Delegation Level 2
 CCLB: Shared Functions Model - Care Coordination Delegation Level 3
 CCLC: Full Delegation Model - Care Coordination Delegation Level 2
 CCLD: Full Delegation Model - Care Coordination Delegation Level 3

MCO

BCBS
 BCBS Commercial
 Cigna
 EBSO SJRMC
 Indian Health Services
 Molina
 NM Medicaid
 Out of State
 Pres
 Pres Commercial
 Private
 Tricare
 True Health NM
 UHC Commercial
 Uninsured
 Western Sky
 Zenith
 Unknown

Private Insurance Name

Insurance Notes

CMS _____

Infant Medicaid Number _____

Alt Infant Medicaid Number _____

Mother Medicaid Number _____

Care Coordinator _____

PCP _____

SCI Report at initial POC Yes
 No
 Unknown

Screened In Yes
 No

Date Screened In _____

SCI Determination Substantiated
 Unsubstantiated

FACTS Number _____

CYFD Hx Yes
 No

CYFD Investigator _____

Substantiated Cases _____

Unsubstantiated Cases _____

Subsequent Cases _____

JJD _____

Alcohol Yes
 No

Benzodiazepines Yes
 No

Buprenorphine Yes
 No

Buprenorphine Drug Name Subutex
 Suboxone
 Unknown
 No Buprenorphine

Marijuana Yes
 No

Methadone Yes
 No

Methamphetamine Yes
 No

Nicotine Yes
 No

Opioids Yes
 No

Opioids Drug Name Codeine
 Co-MAM
 Fentanyl
 Heroin
 Hydromorphone
 Morphine
 Oxycodone
 Other

Cocaine Yes
 No

Other Yes
 No

Other Type _____

Other Type 2 _____

Case notes _____

12 Step Program Name _____

12-Step Program Status

- declined
- current
- referred
- unavailable
- interested

Childcare Program Name

Childcare Status

- declined
- current
- referred
- unavailable
- interested

Children's Medical Service Program Name

Children's Medical Service Status

- declined
- current
- referred
- unavailable
- interested

Domestic Violence Service Program Name

Domestic Violence Services Status

- declined
- current
- referred
- unavailable
- interested

Early Intervention Program Name

Early Intervention Status

- declined
- current
- referred
- unavailable
- interested

Family Wrap-Around Services to 3 Years Program Name

Family Wrap-Around Services to 3 Years Status

- Declined
- Current
- Referred
- Unavailable
- Interested

Family Wrap-Around Services to 1 Years Program Name

Family Wrap-Around Services to 1 Year Status

- Declined
- Current
- Referred
- Unavailable
- Interested

Financial Assistance Program Name

Financial Assistance Status

- declined
- current
- referred
- unavailable
- interested

Home Visiting Program Name

Home Visiting Status

- declined
- current
- referred
- unavailable
- interested

Housing Assistance Program Name

Housing Assistance Status

- declined
- current
- referred
- unavailable
- interested

Infant Mental Health Program Name

Infant Mental Health Status

- declined
- current
- referred
- unavailable
- interested

MAT Program Name

MAT Status

- declined
- current
- referred
- unavailable
- interested

Mental Health Counseling Program Name

Mental Health Counseling Status

- declined
- current
- referred
- unavailable
- interested

Parenting Group Program Name

Parenting Group Status

- declined
- current
- referred
- unavailable
- interested

Peer Support Specialist Program Name

Peer Support Specialist Status

- declined
- current
- referral
- unavailable
- interested

Recovery Supports Program Name

Recovery Supports Status

- declined
- current
- referred
- unavailable
- interested

Safe Sleep Plan Program Name

Safe Sleep Plan Status

- declined
- current
- referred
- unavailable
- interested

Smoking Cessation Program Name

Smoking Cessation Status

- declined
- current
- referred
- unavailable
- interested

Substance Abuse Counseling Program Name

Substance Abuse Counseling Status

- declined
- current
- referred
- unavailable
- interested

WIC Program Name

WIC Status

- declined
- current
- referred
- unavailable
- interested

SNAP Program Name

SNAP Status

- declined
- current
- referred
- unavailable
- interested

TANF Program Name

TANF Status

- declined
- current
- referred
- unavailable
- interested

Transportation Program Name

Transportation Status

- declined
- current
- referred
- unavailable
- interested

Other Service Program Name

Other Service Status

- declined
- current
- referred
- unavailable
- interested

Baby Deceased

- Yes
- No

CARA Follow Up Survey

Hello, my name is _____ (interviewer name) and I am calling from the New Mexico Department of Health. May I speak with _____ (parent name). I am calling to follow up with you about the Plan of Care you received after the birth of your child in _____ (month) to see how everything is going and to get feedback on how we can improve services for NM families, as well as help you access services. Do you have time to answer a few questions? Your personal information will be kept confidential, and never be shared with your doctor, insurance program or care coordinator.

Child Name [child_full_name] Child DOB [child_dob] Bio Mother Full Name [bio_mother_full_name] Designated Caregiver [designated_caregiver] Phone Number [phone_number]
City [city] County [county] Housing Status [housing_status] Care Coordination Cannot Reach Parent [care_coordinator_cannot_re] Parent Refused Care Coordination [did_not_receive_cc]

Attempt Number First
 Second
 Third

Date of Survey _____

Did anyone talk to you about your Plan of Care, which is the plan made when your baby was born to help you with services? Yes
 No
 Don't know what that is

Were you involved in the making your Plan of Care? Yes
 No
 Don't know what that is

Did you receive a copy of your Plan of Care? Yes
 No
 I don't know what that is

Please tell me if you Strongly Agree, Agree, Somewhat Agree, Disagree, Strongly Disagree with the following statement: The Plan of Care has been useful to you and your family. Strongly Agree
 Agree
 Uncertain
 Disagree
 Strongly Disagree

Did you receive a call from your insurance provider about care coordination, which is where someone helps you with accessing services, for you and your newborn? Yes
 No

Did you accept care coordination? Yes
 No

If no, why not? _____

Would you be more likely to accept help or resources from? None of the above
 Community-based organization (ex. Home visiting, parenting classes, social services)
 Medicaid (or insurance) care coordinator

Did you receive information about local services from your care coordinator? Yes
 No

Were the offered services available in your community or close to where you live?

- Yes
- No

Please tell me if you Strongly Agree, Agree, Uncertain, Disagree, Strongly Disagree with the following statement: Your care coordinator has been helpful in connecting you with services.

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

Did you receive information from a healthcare provider about substance use during pregnancy, after pregnancy, or both?

- Did not receive any education
- During pregnancy only
- After pregnancy only
- Both during and after pregnancy

Did you receive information from a healthcare provider about breastfeeding during pregnancy, after pregnancy, or both?

- Did not receive any education
- During pregnancy only
- After pregnancy only
- Both during and after pregnancy

Service Outcomes

	I wasn't offered that service	Received	Did not need	Service was unavailable	Hard to access due to transportation barriers or limited hours	Other-document in case notes	I wasn't offered that service, but would like now
12 Step Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Medical Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant Mental Health Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Assistance Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Support Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Sleep Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SNAP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell me if you Strongly Agree, Agree, Uncertain, Disagree, Strongly Disagree with the following statement: My healthcare team made me feel judged for having used tobacco, alcohol, or drugs during pregnancy.

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

Please tell me if you Strongly Agree, Agree, Uncertain, Disagree, Strongly Disagree with the following statement: My most recent care coordinator made me feel judged for having used tobacco, alcohol or drugs during pregnancy.

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

Please tell me if you Strongly Agree, Agree, Uncertain, Disagree, Strongly Disagree with the following statement: Did you ever hesitate or decide not to access healthcare or other services because you were worried about what would happen if providers knew you may have been using tobacco, marijuana, alcohol or other substances during pregnancy?

- Strongly Agree
- Agree
- Uncertain
- Disagree
- Strongly Disagree

That is end of our survey questions, I appreciate your time. Now do you need any help accessing services?

Other case notes.
