Wyoming Plan of Safe Care FAQ

1. ***What is a Plan of Safe Care (PoSC)?***
   A PoSC is a document that lists and directs referrals for services and supports to provide for the safety and well-being of an infant prenatally substance exposed.

2. ***Whose responsibility is it to develop a PoSC for families and infants with prenatal substance exposure?***
   W.S. 35-2-1401 requires the Patient care team to develop the PoSC. A Patient care team is defined by statute as a team of health care providers, including one (1) or more licensed health care providers, who provide medical care services to a patient.

3. ***Who can develop a PoSC for a family that was not identified by a patient care team?***
   While the State Statute places the responsibility for initiating a PoSC on Patient Care Teams, Wyoming is utilizing a no wrong door approach. Any community service provider can develop a plan of safe care with a family and complete the necessary referrals.

4. ***What needs to happen if a family refuses or declines the development of a PoSC?***
   If a family declines or refuses a Plan of Safe Care, the patient care team is still required by law to develop the plan, make the required/identified referrals for services, and provide a copy of the PoSC to the family and with the referrals.

5. ***Sharing the PoSC without consent from the patient is a violation of HIPAA, correct?***
   Wyoming State law requires a copy of the PoSC to be provided to the appropriate community partners involved in the infant's future care, included in the instructions for the infant upon discharge from the hospital or other health care provider. See W.S. 35-2-1401(d).

   The HIPAA Privacy Rule permits a covered entity to use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. See 45 CFR 164.512(a)(1).

6. ***Do infants exposed to prescription medications require a plan of safe care?***
   A PoSC is required for infants identified as being affected by substance use or withdrawal symptoms. Substance use includes the misuse of prescription or over the counter medications. Depending on the circumstances, if an infant is exposed to misused controlled psychiatric medication and is affected by that exposure or there is an indication of a substance use disorder associated with the psychiatric medication, a PoSC is required. The PoSC is a supportive tool for families to ensure they are connected to services to support their health and well-being. W.S. 35-2-1401 requires a notification to DFS for any PoSC that is initiated for a family. If a health care provider involved in the delivery of an infant exposed to psychiatric medications has concerns about that infant's safety, they are required to call the DFS intake line.

7. ***Do I still call DFS when I have concerns about the safety of an infant who is NOT substance exposed?***
   Yes. If an individual has any concerns of abuse or neglect regarding the infant in the parent's care, they must follow mandatory reporting laws and call the local DFS office. A PoSC does not impact mandatory reporting laws regarding concerns of abuse or neglect.

8. ***What is the difference between a report to DFS and a notification to DFS?***
   A **report** to the local DFS office occurs when there are concerns of child abuse and neglect
      *An initial positive toxicology of the infant, at the birth event is not indicative of abuse or neglect by itself; immediate safety concern(s) must accompany the positive toxicology.
   A **notification** to DFS occurs when there is identification (prenatally or postnatally) of an Infant Prenatally Substance Exposed (IPSE) and a PoSC is developed. A notification does not contain identifying information and is completed through the online google form that can be found at: https://forms.gle/2zKBukP2yn99jJbd6

9. ***Doesn't W.S. 6-4-405- Endangering children, require a report to DFS and/or Law Enforcement when the substance is methamphetamine or fentanyl?***
   No. This particular statute does not require a report to either DFS or Law Enforcement as prenatal substance exposure is not included. This crime includes willfully causing or permitting a **child** to absorb, inhale, or ingest any amount of methamphetamine or fentanyl. It also includes willfully causing or permitting a **child** to be in dwelling, vehicle, or room where methamphetamine or fentanyl are being used, sold, stored, or possessed. Under Wyoming Statute, the definition of a child does not include a fetus, so prenatal substance exposure would not fit the definition under this statute.

10. ***Does the intensity of the withdrawal and/or the type of treatment influence whether a report or a notification is needed?***
    No. Withdrawal is a medical condition that may result from prenatal exposure; the intensity of the withdrawal and treatment method are not factors in determining if DFS should receive a report or a de-identified notification. Health care providers should work with the birthing parent to determine if the withdrawal was due to a prescribed substance and to determine if the substance was taken as prescribed. Birthing parents misusing substances only require a report to DFS if there are safety concerns for the care of the infant accompanying the exposure. Infants experiencing withdrawal due to nicotine do not require a report, notification, or a plan of safe care, but a plan of safe care may be provided if the patient care team wants to.

11. ***Can I call DFS for consultation regarding situations where I am unsure of if a report is needed or not?***
    Yes! Local DFS can be contacted to staff a case and discuss family specifics in order to help Patient Care Teams determine the safety and needs of a family. This consultation and information contact is not required to become a report or investigation unless concerns of abuse or neglect become apparent. Additionally, W.S. 14-3-214(b)(iv) allows for DFS to share information with "A person legally authorized to place a child in protective temporary custody when information in the report or record is required to determine whether to place the child in temporary protective custody." This exception would include law enforcement or medical personnel who are authorized to place children in protective custody.

12. ***If the birthing parent is not misusing substances and the infant is not born substance exposed, but a caregiver is using substances, is a report to DFS required?***
    No, unless the caregiver is actively using substances in a way that may pose a safety concern related to the care of the infant or other children in the home.

13. ***In situations where a report to DFS is needed, is a Plan of Safe Care still required?***
    Yes, if an infant was prenatally substance exposed, regardless of if a report is made or a family is involved with DFS through a voluntary case or protective custody, a PoSC must be initiated by the patient care team and included in the infant's discharge paperwork.

14. ***For families involved with DFS, is a Plan of Safe Care the same as a DFS case plan or safety plan?***
    No, a PoSC is not the same as a DFS case plan or safety plan. A PoSC is a family led document that directs the coordination of care between professionals to meet the needs of the family. The plan reflects the family's needs, services to address those needs, and referrals to connect the family to those services. Unlike a DFS case plan and safety plan, a PoSC is not about compliance, behavior change, or goal oriented.

15. ***Substances may continue to show up in urine tests, even if the mother has quit using. If a birthing parent has a positive test, but reports no use in the last trimester, does she require a notification?***
    Yes. If the birthing parent tests positive at birth or if the infant tests positive for substances, a de-identified notification to DFS and a plan of safe care are required.

16. ***What is the difference between a Plan of Safe Care and a Plan of Safe Care Collaborative?***

Plan of Safe Care	**Plan of Safe Care Collaborative**
● Written document that: ○ addresses the health and substance use treatment needs of the infant and affected family. ○ identifies the needs, services, and supports. ○ is owned by the family and shared among service providers.	● Proven treatment model for chronic diseases such as substance use and addiction. ● Interdisciplinary and cross-agency collaboration ● Formal and organized meeting for service providers to communicate regularly and accurately regarding Plan of Safe Care families to ensure their success.

17. **What is the difference between a PoSC Collaborative and local Child Protection Teams (CPT)?**
PoSC Collaboratives are a community's way of maximizing support for families and is a proven treatment modality for substance use and addiction. This approach improves the health and safety outcomes of babies and families by coordinating medical care, substance use treatment, and social supports. Through forming interdisciplinary and cross-agency collaboratives, providers are able to communicate regularly and accurately about how the family is doing and immediately connect the family to needed supports for the family.

Local Child Protection Teams (CPT) is a statutory obligation of the state with a narrow focus of identifying community resources to serve abused and neglected children.

18. **How can DFS participate in and share information within the Plan of Safe Care Collaboratives?**
When families are Plan of Safe Care participants, a signed release of information authorization is obtained from the family that allows for every member of the collaborative, including DFS, to share information necessary for care and service coordination. There may also be additional statutory exceptions to confidentiality that permit sharing of information with particular individuals who may be involved with the family. Separate from discussions related to specific families or individuals who may decline to participate and sign releases of information, DFS can serve as a sounding board for providers regarding safety and risk factors, help identify additional resources in the community that may not have been discussed, and provide information for accessing services.

19. **Does Prenatal nicotine exposure require a Plan of Safe Care?**
Nicotine use during pregnancy can trigger the need for a PoSC, as continued use may impact fetal development. Nicotine is considered one of the most harmful substances used during pregnancy, with strong links to poor birth outcomes such as low birth weight, premature delivery, and developmental delays. Because nicotine is a substance known to affect development, prenatal exposure qualifies as an automatic eligibility condition for Part C Early Intervention and Education services. That said, the guidance is that providers may use their professional judgment to determine whether a PoSC is appropriate and would be beneficial for the family.

If you have additional questions that have not been addressed by this document, please send us your question by clicking here.