

Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
Community Partnership of Southern Arizona (CPSA Edition)

**Section 10.23**      **Mother/Child Addiction Services/Mothers Caring About Self  
(MCAS)**

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**10.23.1      Introduction**

The MCAS program is an intensive outpatient substance abuse program (IOP) for pregnant and postpartum women. MCAS was developed in 2003 by Community Partnership of Southern Arizona (CPSA) with the collaboration of Arizona Department of Health Services/Department of Behavioral Health (ADHS/DBHS) and is supported by Substance Abuse Prevention and Treatment Block Grant (SAPT) funding. The intent of this program is to enhance the availability and quality of services to pregnant and postpartum women, allowing them to remain in the community and with their families while receiving the needed support to be successful in their recovery.

The MCAS program is a collaborative effort among CPSA, the Adult Comprehensive Service Providers (CSPs) operating in GSA 5, and Compass Behavioral Health Care (Compass). The program is administered by CODAC Behavioral Health (CODAC) and is in a centralized location in Tucson and is housed at “The MCAS Resource Center”. There the Adult CSPs and Compass work together as the MCAS team to increase the capacity for outreach and engagement, provide intensive outpatient substance abuse treatment and case management services, and provide support to the immediate needs of pregnant and postpartum women.

**10.23.2      References**

The following citations can serve as additional resources for this content area:

[Section 3.8, Outreach, Engagement, Re-engagement, and Closure](#)

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[Section 3.9 Intake, Assessment and Service Planning](#)

[Section 3.13, Covered Behavioral Health Services](#)

[Section 4.4, Coordination with Other Government Entities](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[National Clinical Practice Protocols "Guidelines to States: Treatment Standards for Women with Substance Use Disorders"](#)

[Substance Abuse Performance Partnership Block Grant](#)

**10.23.3 Scope**

**To whom does this apply?**

This section applies to TXIX/NXIX women age 18 or older who are pregnant or within one year postpartum (women who have children up to two years old can be admitted depending on priority admission status, funding, and space) and have a substance use disorder diagnosis.

**10.23.4 Definitions**

[Adult Recovery Team](#)

[Flex Funds](#)

**10.23.5 Objective**

To provide a guide for program development, maintenance, and monitoring of the MCAS program and to ensure collaboration among its involved program partners.

**10.23.6 Procedure**

**10.23.6-A Program Guidelines**

MCAS provides a minimum of nine hours per week of individual, marriage, group, and family therapies

Treatment at MCAS comprehensively addresses all areas of a woman's life through the use of a bio-psychosocial treatment model. Treatment is goal oriented, solution focused, client-centered, and based on the diverse social, psychological, and physical needs of MCAS members. MCAS ensures participants are receiving gender specific treatment and focuses on matters that women in recovery may have in common such as:

- Trauma
- Sexuality
- Issues related to self-efficacy and empowerment
- Relationships

MCAS uses a harm-reduction approach to address substance use disorders. This means that while abstinence from substance use is the most desirable outcome, it is not viewed as the only outcome that represents improvement or response to treatment. Reduction of use and its associated risk is also seen as a positive outcome.

**10.23.6-B Core Components of Treatment**

Treatment through MCAS includes many of the following elements:

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- Case management
- Individual, group, and family therapy
- Psycho-educational groups that combine cognitive and emotional learning
- Recovery self-help groups, such as Smart Recovery
- Treatment planning and life plan development
- Nutrition and hygiene classes
- Assistance to acquire drug-free housing
- Parent training
- Coping skills
- Legal services and GED preparation; educational services; vocational rehabilitation

Per SAPT funding requirements, MCAS is mandated to provide referred and enrolled MCAS women the following information:

- Counseling, education, and referrals to HIV and Tuberculosis services
- Ways to reduce HIV and TB risks
- Counseling on the effects of alcohol or drug use on the fetus
- Referrals for prenatal care

**10.23.6-C Who is eligible?**

MCAS admits eligible women into the program to the extent that funding allows. Pregnant and postpartum women are always given priority for this program. Women parenting children up to the age of two who have additional needs may be included as space allows. Special factors (in addition to pregnancy) which must be considered in prioritizing any women for this program include:

- Intravenous drug use
- Infection with HIV, Hepatitis C or other infections which pose a public healthy risk
- Homelessness
- Involvement with CPS

**10.23.6-D Referrals**

Women are referred to MCAS in the following ways:

1. CPSA Member Services Referral
  - a. When CPSA Member Services receives a call regarding substance use disorder services available to pregnant and post partum women, the Member Services Representative refers the woman to MCAS.
  - b. The MCAS behavioral health aide then assigns an MCAS case manager for outreach services. The woman is contacted by the MCAS case manager within 48 hours to begin services.
  - c. If the woman is already assigned to a CSP, the MCAS case manager coordinates services with the CSP.
  - d. If the woman is not assigned to a CSP, the MCAS behavioral health aide calls CPSA Member Services and has Member Services assign the woman to a CSP based on variables such as case load size and the woman's preference.

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- e. For those women who do not meet the criteria for MCAS eligibility, the MCAS behavioral health aide or case manager contacts the referral source and makes other appropriate recommendations/referrals.
2. Walk-ins and Other Referrals
  - a. For walk-in women and other referrals, the MCAS behavioral health aide contacts Member Services to verify enrollment status.
  - b. If the person is enrolled in the system, the referral form is delivered by the MCAS behavioral aide within one day to the person's MCAS case manager.
  - c. The MCAS case manager contacts the assigned CSP to coordinate services. The MCAS case manager then contacts the woman referred and MCAS services are provided.
  - d. For women not enrolled in the system, the MCAS behavioral health aide assigns a MCAS case manager based on case load size.
  - e. The referral is delivered to the MCAS case manager within one day. The MCAS case manager contacts the member within 48 hours to begin engagement services for the woman and attempts to enroll her for services. MCAS services are then provided.

Please refer to CPSA PM Attachments [10.23.2, Process for Referrals Originating from CPSA Member Services](#), and [10.23.3, Process for Walk-in and Other Referrals](#), for further information.

**10.23.6-E Outreach, Engagement, and Re-engagement Efforts**

MCAS staff engages individuals referred to the program within 48 hours or sooner, depending on clinical need.

Outreach, engagement, and re-engagement services are attempted as directed in [Section 3.8 Outreach, Engagement, Re-engagement and Closure](#).

MCAS staff is required to provide outreach to community agencies and stakeholders. This includes informing the public of the availability and benefits of the MCAS program and disseminating MCAS program information to other human service providers and community stakeholders regarding MCAS services available to eligible women.

**10.23.6-F Member Assessment and Service Plans**

An assessment utilizing the most current version of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria is completed by MCAS staff at admission to the MCAS program and repeated every 30 days or whenever a significant change occurs. This document, along with any other assessment and Adult Recovery Team (ART) input, helps guide treatment and clinical formulation.

MCAS staff ensures that the assessment or other clinical documentation provides a current substance use disorder diagnosis and is used to help develop the member's MCAS service plan (See [Section 3.9 Intake, Assessment and Service Planning](#), for further detail).

MCAS staff ensures that a member's service plan reflects involvement in MCAS treatment and is updated every 180 days or whenever a significant change occurs.

**10.23.6-G Discharge Criteria**

The member may be discharged from the MCAS program if:

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- Member has delivered her child and is abstaining from substances and has completed the goals on her individualized service plan.
- Member is no longer interested in participating in the program
- Member has moved out of the program service area
- In accordance with ADHS/DBHS outreach and engagement standards, program staff cannot locate the member or her emergency contacts through phone calls, certified letters, and home visits for at least 30 days from the time the program last had contact with the woman or the referral was made.

**10.23.7 The MCAS resource center**

The MCAS Resource Center provides at least four hours of “walk-in” capability, with reception provided by the behavioral health aide.

Facility space includes, at a minimum, the following:

- Office space for case managers, a therapist, a MCAS supervisor, a behavioral health aide, and recovery support specialist
- Adequate space for confidentially storing MCAS member records, forms, or program supplies
- Group meeting space to accommodate the program
- Space conducive to a drop-in center, such as a waiting room, work station, or reading area
- Dedicated space for use as a nursery for children whose parents are involved in group or counseling sessions.

**10.23.8 Staffing Requirements**

**10.23.8-A Staff**

The MCAS program is staffed following these minimum standards (Refer to [CPSA PM Attachment 10.23.1, Partnering Agencies Responsibilities](#), for further information):

1. Each CSP and Compass are required to designate a supervisor-level person to provide technical assistance and clinical oversight to his/her agency’s assigned MCAS staff. Participation includes monthly and ad-hoc meetings to discuss, plan, and implement improvements to the MCAS program.
2. Each CSP is required to designate at least one full-time specialty case manager to serve MCAS members. The case manager is housed at the MCAS Resource Center and is expected to support the overall MCAS activities and programming. The case manager should spend at least 35 of 40 hours per week either at the MCAS Resource Center or delivering services off-site to his/her assigned MCAS members.
3. Two full-time on-site recovery support specialists are provided through a block purchase with Compass for peer support services. The MCAS clinical staff, as well as the assigned Compass MCAS supervisor, provides guidance and oversight for the recovery support specialists.
4. CODAC is directly responsible for the provision of a full-time on-site MCAS program coordinator to participate in program management and development, over-sight of the daily functions of the MCAS program, and clinical supervision to MCAS staff.

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5. CODAC also provides the services of a full-time therapist who works with the MCAS team to develop:
  - a. Innovative and individualized gender specific, “trauma informed” programming and treatment plans for pregnant and postpartum women referred to the MCAS program, in accordance with the [National Clinical Practice Guideline “Guidance to States: Treatment Standards for Women With Substance Use Disorders.”](#)
  - b. Assessments (including ASAM and a comprehensive psychosocial assessment) for each referred member which take into account her special needs, as well as the needs of her child(ren), group counseling (available Monday through Friday), including supportive and motivational counseling.
  - c. Individual and family counseling and coordination with the member’s case manager and the member’s CSP to ensure that these services are available and appropriate.
  - d. Coordination with additional treatment services available from the member’s CSP.
6. CODAC also provides two full-time behavioral health aides for ancillary services (child care) for the children of women participating in the MCAS program, customer services functions, and administrative assistance to staff of the MCAS team.
7. CODAC provides an on-site MCAS case manager housed entirely at the MCAS Resource Center. The on-site MCAS case manager maintains a caseload comprised of walk-in members and members from other CSPs whose own MCAS case manager is unable to work with the member at the MCAS site due to case load size, being on vacation, etc.

**10.23.8-B Collaborative Hiring for MCAS Recovery Support Specialists**

MCAS supervisors facilitate the hiring of recovery support specialists in the following ways:

1. The MCAS supervisor from Compass reviews initial recovery support specialist applications for the MCAS program.
2. If the candidate’s application information matches the recovery support specialist criteria as outlined in the recovery support specialist job description, the MCAS supervisor from Compass schedules the potential applicant for a screening interview.
3. The screening interview consists of the following:
  - a. The MCAS supervisor from Compass schedules the screening interview with the applicant’s Adult Recovery Team (ART)
  - b. During the ART, the criteria and duties related to the position are reviewed.
  - c. All staff present at the initial screening/ART meeting review the applicant’s appropriateness for the position.
  - d. If the applicant is considered appropriate for the position, the MCAS supervisor from Compass forwards the name, application, and other related information to all other MCAS supervisors.
  - e. Once the information is reviewed by related MCAS supervisors, a second interview is scheduled with the recovery support specialist applicant.
  - f. The MCAS Supervisors decide through consensus decision making if the applicant is appropriate for the MCAS recovery support specialist position.

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**10.23.9 Services Coordination Expectations**

Participating CSPs work collaboratively with all involved in the MCAS initiative, other GSA 5 CSP contractors and CPSA to provide a continuum of outreach, engagement, intensive case management, and outpatient services dedicated to the specific needs of addicted pregnant and postpartum women (See [CPSA PM Attachment 10.23.1, Partnering Agencies Responsibilities](#), for further information)

In addition to collaboration with CSPs, MCAS coordinates services with health care providers, educational programs and schools, CPS, Drug Court, Pima County Jail and correction departments, DES, other community resources, and other behavioral health service providers. (See [Section 4.4, Coordination with Other Government Entities](#), for further detail)

**10.23.10 Required Program Activities**

Program partners participate in and/or otherwise fulfill the following program expectations:

- Monthly MCAS All-Staff meetings: These meetings focus on the day-to-day operation, program maintenance, and program development of MCAS. These meetings are comprised of direct care staff and supervisory parties from the CSPs and Compass.
- MCAS Supervisors meeting: These meetings focus on issues related to contract compliance, program maintenance, development and enhancement of the MCAS program. These meetings are comprised of supervisory staff from the CSPs and Compass.
- Reporting Activities: Designated MCAS staff complete and submit the CPSA Specialized Program Quarterly Report template. This template is provided by the CPSA Adult Services Specialist who monitors the MCAS program.

The implementation of additional monitoring activities and requirements can be increased or decreased depending on program performance. These additional activities can include the following:

- Monthly and/or quarterly reporting (utilizing a CPSA Monthly Report Template)
- Monthly and/or quarterly site visits
- Monthly and/or quarterly chart audits (utilizing a CPSA Chart Audit Tool)
- Ad-hoc meetings as necessary to address program performance issues

The above activities are increased or decreased depending on related progress

**10.23.11 Flex Funds**

SAPT funds are available for MCAS members who meet SAPT criteria. The following procedures are used for requests for flex funds:

1. Adult Recovery Team staff identifies the needed goods/services for a MCAS member. The requested goods/services must be directly related to achievement of identified outcomes and documented in the service plan.
2. Adult Recovery Team staff first attempts to locate other existing funding sources. The MCAS case manager documents in the case file all attempts to secure funding for the needed goods/services.
3. If no other funding is available, the MCAS case manager completes a GSA 5 MCAS Request for Flex Funds form (available at the MCAS Resource Center) and gives the

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- request to the MCAS on-site supervisor for approval, if the requested amount is under \$300. If over \$300, the MCAS on-site supervisor faxes the request to the CPSA Adult Services Specialist monitoring the MCAS program for approval.
4. The MCAS case manager is responsible for determining the actual cost and the name and address of the payee, as well as giving the request to the proper contact in the respective CSP Finance Department for re-imbusement.
  5. The expenditure, once approved, is paid by the CSP directly to the provider of the goods/services and not directly to the MCAS member.
  6. Documentation must include the requested amount and how the flex fund is spent and a long term plan to address a member's continued need once flex fund spending is utilized.
  7. The MCAS on-site supervisor faxes the flex fund requests received for the month to the MCAS CPSA Adult Services Specialist on the first of each month. The CPSA Adult Services Specialist will compile these requests and fax to CPSA Finance Department for monitoring and verification purposes on the 3<sup>rd</sup> of each month.
  8. The annual limit available to each GSA 5 MCAS member is \$1000. A request for additional funds may be made directly through CPSA as long as the total additional amount does not exceed \$525 (See [Section 3.13.7-C, Covered Behavioral Health Services Flex Funds](#), and [ADHS/DBHS Covered Behavioral Health Services Guide](#) for additional information).

**10.23.12 Encountering for MCAS**

As of June 26, 2006, COPE, CODAC, LFC and Compass are linked together within the CPSA billing system so that each CSP and Compass can submit encounters for the member and the claim will adjudicate in the system. **CPSA created a system that allows the CSPs and Compass to encounter for all members that are served, regardless of the member's enrolled CSP.** This means that CODAC is able to encounter for services delivered to non-CODAC enrolled members; COPE is able to encounter for services delivered to non-COPE enrolled members; and LFC is able to encounter for services delivered to non-LFC enrolled members. Likewise, Compass is also able to encounter for peer support services delivered to non-Compass enrolled members

Each CSP involved in the MCAS program encounters for all members that are served, regardless of the member's enrolled CSP. The CSPs encounter services as follows:

- CODAC staff encounters services using the CODAC site address, AHCCCS number, Procedure Codes for Provider Type 77 and Place of Service 11, for Office.
- LFC staff encounters services using the Outpatient site address and AHCCCS number for the LFC site where they are stationed. LFC uses Procedure Codes for Provider Type 77 and Place of Service 99, Other
- COPE staff encounters services using the Outpatient site address and AHCCCS number for the COPE site where they are stationed. COPE uses Procedures Codes for Provider Type 77 and Place of Service 99, Other.
- Compass staff encounters services using the Outpatient site address and AHCCCS number for the Compass outpatient site. Compass uses Procedure Codes for Provider Type 77 and Place of Service 99, Other.

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Documentation Requirements**

The CSPs and Compass are expected to provide accurate documentation for the member's medical record for the services each provider provides to a MCAS member. For example, if a COPE MCAS case manager serves a CODAC member, the COPE MCAS case manager completes a progress note outlining the services provided and gives the documentation to the CODAC MCAS case manager within 48 hours of the service provided. The progress note is then made a part of the member's CODAC medical record. Documentation will match the service encountered as described above.