

Tobacco Services



WHAT MAY,

AND MAY NOT,

BE CLAIMED TO SPECIALTY MENTAL HEALTH SERVICES

SMHS Claimable Services

Assessment;

Plan Development for:

Case Management,

Collateral Services, and

Medication Services

Assessment—SMHS Claimable

Tobacco use and exposure is already one of the seven Substance Use categories part of the Assessment.

In the BHCS Assessment Clinical Templates refer to section titled “Substance Exposure”



SUBSTANCE EXPOSURE									
Check if ever used:	Prenatal Exposure Unknown	AGE AT FIRST USE	CURRENT SUBSTANCE USE						
			None/Denies	Current Use	Current Abuse	Current Dependence	In Recovery	Client-perceived Problem?	
ALCOHOL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
AMPHETAMINES (SPEED/UPPERS, CRANK, ETC)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
COCAINE/CRANK	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
OPIATES (HEROIN, OPIUM, METHADONE)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
HALLUCINOGENS (LSD, MUSHROOMS, PEYOTE, ECTASY)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
SLEEPING PILLS, PAIN KILLERS, VALIUM, OR SIMILAR	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
PSP (PHENCYCLIDINE) OR DESIGNER DRUGS (GHB)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
INHALANTS (PAINT, GAS, GLUE, AREOSOLS)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
MARIJUANA/ HASHISH	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
TABACCO/ NICOTINE	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
CAFFEINE (ENERGY DRINKS, SODAS, COFFEE, ETC.)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
OVER THE COUNTER:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
OTHER SUBSTANCE:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
COMPLIMENTARY ALTERNATIVE MEDICATION	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Is beneficiary receiving alcohol and drug services?	<input type="checkbox"/> Yes, from this provider		<input type="checkbox"/> Yes, from a different provider			<input type="checkbox"/> No			
If yes, type of alcohol and drug services:	<input type="checkbox"/> Residential		<input type="checkbox"/> Outpatient			<input type="checkbox"/> Community/ Support Group			


http://www.acbhcs.org/providers/Forms/Forms.htm#Clinical_templates

Diagnosis

If after the Assessment process, client meets the criteria for Tobacco Use Disorder, indicate this diagnosis in the medical record with any other substance use diagnoses.

Reminder: Tobacco Use Disorder is not a SMHS covered (included diagnoses) and cannot be treated.



ICD-10 DIAGNOSIS — NOT BY HISTORY, MUST BE CURRENT DIAGNOSTIC FORMULATION			
Dimensions:	ICD-10 Code:	DSM -5* Description WITH all specifiers: <i>*for Codes F84.5, F84.9, F84.2, F84.3 & F84: list DSM-IV-TR Descriptor (Dx Name)</i>	Primary & Secondary Dx's
MH Diagnoses: 			PRIMARY DX
			Secondary Dx
			Secondary Dx
			Secondary Dx
Substance Use Diagnoses:			Secondary Dx
			Secondary Dx
			Secondary Dx
Psychosocial Conditions Diagnoses:			
General Medical Conditions:			

In-Depth Tobacco Assessment: SMHS Claimable

If the assessment indicates a tobacco use Dx (or a more in-depth assessment is needed to determine this), a more thorough Tobacco Assessment may be utilized.

It may be claimed for if recorded in the MH Assessment and Medical Record.

If tobacco use/exposure/cessation is to be addressed in treatment, it is only by providing Case Management, Medication Management (prescribers only) or Collateral Services.

Tobacco Treatment Cannot be included as a Mental Health Objective (i.e. You cannot have a goal or objective regarding tobacco and MAY NOT work directly with client on tobacco cessation).

In the Assessment it may be helpful to explore with the client how they believe tobacco use impacts their MH Symptoms, and to provide medical information on the negative impact of tobacco use on MH symptomology (in order to provide Diagnostic or Case Management services).

Client Plan - Service Modality

FOR EXAMPLE PURPOSES ONLY

- Collateral, 1-3 times a month, or as needed, for the next 6 to 12 months.
- Case Management, 1-3 times a month or as needed, for the next 6 to 12 months.

Assessment as a service modality does not need to be included since Assessment is considered an unplanned service.

SERVICE MODALITIES		
MODALITY	FREQUENCY	DURATION
<input checked="" type="checkbox"/> Case Management	1 to 3x/mos or as needed	6 to 12 months
<input type="checkbox"/> Medication Management		
<input type="checkbox"/> Individual Rehab		
<input type="checkbox"/> Group Rehab		
<input type="checkbox"/> Individual Therapy		
<input checked="" type="checkbox"/> Family Therapy		
<input type="checkbox"/> Collateral	1 to 3x/, mos or as needed	6 to 12 months
<input type="checkbox"/> Other:		

Case Management

- **Case Management may** be included in the Service Modality and Detailed Intervention sections when the three following criteria are met:
- **First, there must be an indication** for the need of community supports around tobacco cessation. This could be the client's desire for tobacco treatment, or if it is assessed that the client's MH Sx's of their included Dx are exacerbated by tobacco use—the need for this referral can be addressed with the client (i.e. MI).
- **Secondly, the client's Included Dx's MH Symptoms** must be preventing the client from accessing tobacco services. For youth, this could apply – or the lack of the smoking cessation program (usually when parent is not supporting or paying for this treatment) exacerbates their MH symptomology.
- **Thirdly, successful linkage to** tobacco cessation will result in decreasing the MH symptoms addressed in the Client Plan.

MH Objective Examples

Identify which mental health diagnosis is contributing to or exacerbating the client's Tobacco use. Indicating the MH Symptoms are a result of the Tobacco Use Disorder results in a disqualification for SMHS services.

This will inform the development of a mental health objective for the client that will address their mental health impairment and that is also likely to reduce their tobacco use (but that is not the MH Objective).

Example:

Diagnosis: **Generalized Anxiety Disorder**

Reason client smokes: Client smokes a lot in social situations because they believe the act of smoking helps them feel more relaxed and helps them overcome their social anxiety.

Mental Health Objective: "Client will decrease the number of times they get overwhelmed by anxiety in social situations from 5 times per week to 2 or less for the next 12 months as evidenced by client's self report. "

(FYI, this will likely decrease their smoking as well—but is not a tobacco intervention.)

MH Objective Examples

Diagnosis: **Major Depression or Dysthymia**

Reason client smokes: Client has low energy and believes smoking makes them feel more alert and gives them a bit of energy to do tasks.

Mental Health Objective: “Client will increase their daily energy level from a 2 (on a scale of 1 to 10, 1=no energy, 10=lots of energy) to a 4 or greater in the next 12 months as evidenced by client’s self report and daily journal”

(FYI: Successful strategies will likely lead to a decrease in smoking—although this is not claimed or specified as a tobacco intervention.)

MH Objective Examples

Diagnosis: **Schizophrenia**

Reason Client smokes: Client feels that smoking reduces the intensity of hallucinations and that he feels that smoking tobacco is one of the few things that helps him get through the day. Client fears that if he quits smoking his symptoms of schizophrenia will become worse.

Mental Health Objective: “Increase the number of healthy coping strategies client uses when he is experiencing hallucinations or the onset of hallucinations from 1 currently to 5 or more in the next 12 months. Client’s treatment team will observe clients ability to use new healthy coping strategies.”

(FYI: This will likely decrease client’s smoking—although this is not claimed or specified as a tobacco intervention.)

Plan - Detailed Interventions

FOR EXAMPLE PURPOSES ONLY

Collateral:

- Clinician will provide psychoeducation to client's significant other (usually caretaker) about how the client believes smoking may immediately help him cope with severe social anxiety, however, in the long run it exacerbates anxiety and more healthy coping strategies are best utilized.
- Clinician will educate client's family members to understand how client's smoking may be a coping strategy to reduce irritability/depression but that successful development of other MH coping strategies will address their MH symptoms in a more healthy way.
- Family Partner will help client's caregivers identify ways to give client (teen) positive reinforcement to support their use of more health MH coping skills. As well, that successful participation in the smoking cessation program (case management referral) will decrease their mental health symptoms of x, y & z.

Plan - Detailed Interventions

FOR EXAMPLE PURPOSES ONLY

DESCRIBE SPECIFIC AND DETAILED INTERVENTIONS FOR EACH MODALITY:		
Provider(s): (<input checked="" type="checkbox"/> ALL THAT APPLY)	Detailed Intervention(s):	MODALITY:
<input type="checkbox"/> Case Manager <input type="checkbox"/> Clinician <input type="checkbox"/> MD/NP/PA <input type="checkbox"/> Peer <input type="checkbox"/> Family Partner <input type="checkbox"/> Other: _____		

Case Management:

Linking/Referrals

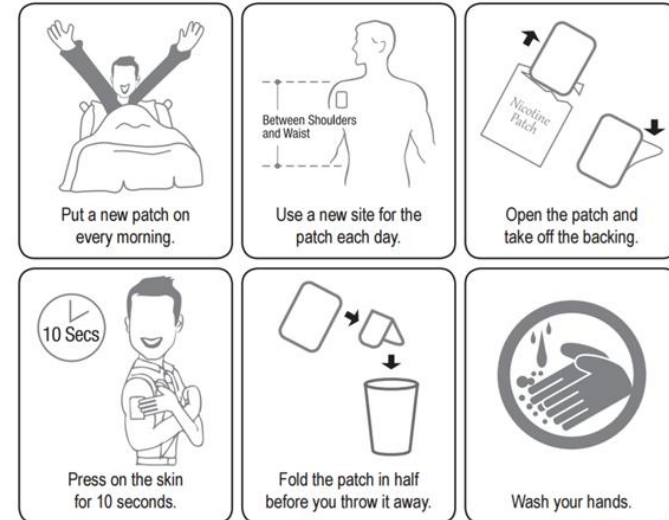
- Due to client's depressive sx's (feelings of hopelessness, low self-esteem), client reports they have been unable to access tobacco cessation programs on their own. Case manager will link client to tobacco cessation education and resources, and monitor client's follow up. It is expected that this service will increase client's social functioning (increase social relationships) and decrease client's overall feelings of depression.

Monitoring

- Due to client's sx's of apathy and anxiety, client inconsistently attends her tobacco cessation groups. Case Manager will use motivational interviewing techniques to help client identify which of her psychological symptoms are preventing client from successfully participating in the Tobacco cessation group. Will work with client to overcome those barriers and increase her motivation to take full advantage of community resources.

Medication Services

- SMHS prescribers may prescribe medications for tobacco cessation (i.e. nicotine patch). However, this is **ONLY** claimable when combined with psychiatric treatment.
- If the client is only receiving medications for tobacco cessation, this is not billable to SMHS Medi-Cal.



Questions

For technical assistance questions, please contact your QA Technical Assistance Staff Member:



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
CAROL BURTON DIRECTOR

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ACBHCS Quality Assurance Technical Assistance Contacts

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The ACBHCS Quality Assurance (QA) Office is available to provide Technical Assistance to all providers (County, Community Based Organizations, Network Providers and SUD Providers)

We ask that each Provider Agency assign one staff person who is primarily responsible for their internal Quality Assurance activities.

That individual may contact QA by emailing their inquiry directly to the designated ACBHCS QA staff member who will respond within 2 business days.

Below is a list of ACBHCS Quality Assurance Specialists assigned to assist with QA questions.

Mental Health: Master Contract Providers (aka CBOs), County Clinics/Programs & Network Providers

CBO's by Parent Agency Name, or County Clinic by Program Name	QA Technical Support Staff Member
All CBO's/Network Providers: A-I All Children's County Clinics and Programs	Jennifer Fatzler, LMFT Jennifer.Fatzler@acgov.org
All CBO's and Network Providers: J-Z All Adult County Clinics and Programs	Brion Phipps, LCSW Brion.Phipps@acgov.org

Substance Use Disorder Treatment & Prevention Providers

Provider Agency Name	QA Technical Support Staff Member
A-Z	Sharon Loveseth, CADCI, LAADC* sloveseth@acbhcs.org <small>*a non-governmental license LNR#020512</small>

For general questions, you may call QA's main phone line or visit the
ACBHCS QA Website: <http://www.acbhcs.org/providers/QA/QA.htm>