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**

<table>
<thead>
<tr>
<th>Check if ever used:</th>
<th>Prenatal Exposure Unknown</th>
<th>AGE AT FIRST USE</th>
<th>CURRENT SUBSTANCE USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMPHETAMINES (speed, crank, crack, OCIAN)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COCAINE/CRACK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRACK (Heroin, CPN)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALLUCINOGENS (LSD, MUSHROOMS, PSYCHE, ECTRY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEMS (BENED, PAIN KILLS, VAPOR, OR SIMILAR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POP (PREPARES CLOTH OR DASHER CLOTH OR SH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INHALANTS (HINJ, GLIC, SPRINGO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NARCOTIC THERAPY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUBERCOLO TUBERCOLO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUBERCOLO TUBERCOLO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COFFEE (PROGRAM DRINKS, SOURS, CAFEINE, ETC.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVER THE COUNTER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTC SUBSTNCE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMPLEMENTARY ALTERNATIVE MEDICATION**

- Yes, from this provider
- Yes, from a different provider
- No

If you know the name and address of the persons engaging in alcohol and drug abuse?

- Residential
- Outpatient
- Community/Support Group

---

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

<table>
<thead>
<tr>
<th>SERVICE MODALITIES</th>
<th>FREQUENCY</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>1 to 3x/mos or as needed</td>
<td>6 to 12 months</td>
</tr>
<tr>
<td>Medication Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Rehab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Rehab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collateral</td>
<td>1 to 3x/x, mos or as needed</td>
<td>6 to 12 months</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)*
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.
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: