



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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To: All ACBHCS County and Contracted Substance Use Disorder (SUD) Providers

From: ACBHCS Quality Assurance Office

Date: January 12, 2018

RE: Tobacco Guidelines for SUD Providers

Purpose:

This memo is intended to clarify claiming to SUD Drug Medi-Cal with regard to ACBHCS Provider Tobacco Policies and Consumer Treatment Protocols.

BHCS Quality Assurance Guidance:

Tobacco Use Disorder (F17.200) is not a DHCS included diagnosis in the treatment of substance use disorder (SUD) beneficiaries and cannot be claimed through Drug Medi-Cal.

SUD contracted providers offer and provide counseling sessions when the treatment plan problem and associated action steps support recovery from SUD and relapse prevention. Beneficiaries whose recovery outcome may benefit by including tobacco use as a problem in their treatment plan may receive tobacco related services from the DMC SUD contracted provider.

Group services may be provided if a client's SUD symptoms and recovery potential are impacted by Tobacco/Nicotine use. The documentation requirements outlined in this memo are necessary in order to claim SUD treatment services and interventions related to Tobacco/Nicotine use.

Assessment: Current assessment standards require substance use/exposure to be assessed, including Tobacco/Nicotine products.

A comprehensive assessment of Tobacco/Nicotine use may include:

- Current/historical use of tobacco and nicotine related products
- Exposure to tobacco and nicotine related products
- Familial history of tobacco and nicotine use
- Risk for use/relapse



- The impact the client's use of or exposure to tobacco/nicotine on their recovery from SUD.
- Experiences of quitting/attempting to quit

For some clients, tobacco use or exposure can significantly impact their ability to maintain recovery and may be part of the etiology of developing or exacerbating SUD symptoms. Compounding the issue, their SUD symptoms/impairments may be preventing them from accessing area/community resources to assist with tobacco cessation.

In order to claim group counseling services, the assessment shall demonstrate all of the following:

- The client's use/exposure to tobacco/nicotine products are exacerbating the SUD symptoms that are being treated and/or are a trigger for relapse.
- The client's SUD impairments to functioning are preventing them from accessing needed community supports/resources (Adults only); for adolescents, this is not a requirement as it is not expected that adolescents have the ability to seek out community resources on their own.

Treatment Planning: It is important to reiterate, that 1) in order to claim for services the treatment plan must contain an identified tobacco use objective/goal/problem and associated action steps and 2) direct treatment of Tobacco Use Disorder is not claimable through SUD/DMC. All treatment plan *Goals (problems), Objectives, Action Steps, and Interventions* must follow existing SUD clinical documentation standards and be related to treatment of a Drug Medi-Cal Included substance use disorder.

- **Objectives/Goals to Address the Identified Problem** must only be related to treating the client's included substance use diagnosis, recovery from SUD, and relapse prevention.
- **Group counseling** must be identified as a modality in the treatment plan in order to be claimed. Group counseling focused on tobacco cessation may be appropriate only if it is related to the treatment plan goals of the individual and provided by a "counselor or therapist" as defined in Title 22.
- **Service interventions** must be related to reducing the symptoms of the included diagnosis or focus on the client's recovery from SUD and/or relapse prevention. The modality, frequency and timeframe for group services should be clearly identified in the treatment plan.

Progress Notes: When documenting services in progress notes, if the assessment and plan adequately document the need for services, the provider shall document client's progress towards meeting their treatment plan goals, objectives and/or actions steps and if the service is having the intended impact on their recovery from SUD and/or relapse prevention.

For additional documentation questions, please contact your assigned Quality Assurance Technical Assistance staff. Contact information found here (see QA Technical Assistance"): <http://www.acbhcs.org/providers/QA/QA.htm>

