

## Chapter 22: Healthy Start Enhanced Services Tobacco Education and Cessation Counseling

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### Introduction

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Maternal smoking is one of the most prevalent modifiable risk factors for poor birth outcomes. Women who smoke during pregnancy have a greater chance of experiencing placental complications and poor birth outcomes such as preterm delivery, low birthweight infants, stillbirth, and infant mortality. Tobacco education and cessation counseling is provided to Healthy Start participants and their families in order to reduce the incidence of prenatal smoking, reduce the harmful effects to the mother and developing fetus, and to reduce or eliminate the impact of secondhand smoke and thirdhand smoke.

This chapter discusses the standards and guidelines for a Healthy Start worker providing tobacco cessation counseling. Healthy Start “Tobacco Education and Cessation Counseling” is an enhanced service that goes beyond general information offered in a supportive manner as health promotion, education and anticipatory guidance. Only qualified Healthy Start workers using the *Smoking Cessation and Reduction in Pregnancy Treatment Program (SCRIPT)* curriculum face-to-face with the participant will code 8026, “Tobacco Cessation Education and Counseling.”

If Healthy Start does not or is not able to provide this enhanced service, a referral should be made to a tobacco cessation counselor in the community. When funding allows, Coalitions will work diligently to ensure that Healthy Start clients have access to tobacco cessation counseling through the training of Healthy Start staff, contracting with external tobacco cessation providers, coordinating with the participant’s health insurance carrier, or by creating agreements with community partners to provide tobacco cessation services to Healthy Start clients for low or no cost.

### Definition of Services

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*Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT)* is an evidence based program that has been shown to be effective in helping pregnant women quit smoking. Beyond pregnant women, *SCRIPT* can be used with anyone including interconception women, fathers and household members.

### Provider Qualifications

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When tobacco cessation services are provided by Healthy Start staff, these services shall be provided by individuals who have successfully completed and have documentation of receiving specialized training in using the *SCRIPT* curriculum.

Tobacco cessation counseling must be provided in accordance with the constraints of the professional’s practice act, established protocols and the individual’s education, training and

experience. **Paraprofessionals must provide services under the supervision of a professional supervisor.**

## **Standards and Criteria**

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**Standard 22.1 Healthy Start tobacco cessation services will be offered to all participants and mothers of infant/child participants who are identified as using tobacco products. Tobacco cessation services will be offered to all families of infants and household members when there are smokers in the home.**

*Criteria:*

**22.1.a** Level of service is based upon the participant's or family's risk and needs identified on the DOH Prenatal/Infant Risk Screen, the *SCRIPT Tobacco Screening Form*, and from information obtained during the initial intake, initial assessment and/or ongoing care; local resources, local Healthy Start coalition funding decisions, and consideration of Healthy Start as the payer of last resort.

**22.1.b** With the participant's approval, the infant's father or the expectant father, significant other, and other members of the household are encouraged to participate in the education process.

**22.1.c** Tobacco education and cessation services are offered to all participants' family members or household members who smoke.

**22.1.d** Tobacco cessation counseling follows the established curriculum, *SCRIPT*, and includes topics described in the Guidelines section of this chapter.

**22.1.e** Tobacco cessation services are provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>

**Standard 22.2 Tobacco cessation education and counseling services will be provided by qualified and trained providers.**

*Criteria:*

**22.2.a** Qualifications are met as outlined in this chapter.

**22.2.b** Tobacco cessation counseling services shall be provided by individuals who have documentation of receiving specialized training in the administration of the *SCRIPT* curriculum.

**22.2.c** Competency and up-to-date knowledge related to tobacco cessation counseling is maintained.

**Standard 22.3 Providers of tobacco cessation services will offer and initiate services in a timely manner.**

*Criterion:*

Tobacco cessation services will be initiated within 30 calendar days after receipt of referral or identified need unless the need for more immediate initiation of services is evident.

**Standard 22.4 The provider of Healthy Start tobacco cessation services will provide follow-up to the Healthy Start worker.**

*Criteria:*

**22.4.a** When the provider of tobacco cessation services is not the Healthy Start worker, written follow-up documenting receipt of referral, plan for initiation of services, and progress notes is provided to the Healthy Start worker within 30 calendar days of the service.

**22.4.b** The tobacco cessation provider participates in multidisciplinary team meetings.

**Standard 22.5 Providers of tobacco cessation services will respond to any additional identified needs.**

*Criteria:*

**22.5.a** Additional identified needs are directly addressed by the tobacco cessation provider or by notifying the participant's Healthy Start worker. The participant's need, intervention and follow-up for any referrals given are documented in the person's record.

**22.5.b** Tobacco cessation providers communicate with the Healthy Start worker who develops the individualized plan of care and the family support plan and collaborates as a part of the interdisciplinary team as indicated by individual need.

**Standard 22.6 Providers of tobacco cessation services will accurately code service information in the approved data management system within three business days of service completion.**

*Criteria:*

**22.6.a** Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of the Healthy Start Standards and Guidelines.

**22.6.b** In order to code "Tobacco Education and Cessation Counseling" (code 8026), the tobacco cessation service MUST be provided face-to-face using the *SCRIPT* curriculum.

**22.6.c** Tobacco screening using the *SCRIPT Tobacco Screening Form* is not coded to 8026. (See chapter 16, Tobacco Use Screening, for more information.)

**Standard 22.7 Providers of tobacco cessation counseling services will document services in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.**

*Criteria:*

**22.7.a** Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the services.

**22.7.b** In the event that services are provided to another person on behalf of a Healthy Start participant, the services are only referenced in the Healthy Start participant's electronic record. The actual detailed documentation occurs in the record of the individual receiving the service.

**22.7.c** Documentation occurs in other components of the record, such as the family support plan, as appropriate.

**Standard 22.8 Tobacco cessation service providers will develop and implement an internal continuous quality improvement (CQI) process.**

*Criterion:*

The CQI process, developed in collaboration with the local Healthy Start coalition, includes an assessment of strengths, an assessment of areas needing improvement and a plan for assuring maintenance of program quality and improvement or as designated by the evidence based model.

## **Guidelines**

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Screening for tobacco use will be completed at the initial assessment and other times of ongoing care by the Healthy Start worker. Because tobacco use screening is not considered part of the tobacco cessation counseling intervention, time spent screening should be coded to "Initial Assessment Service Units" (code 3215) if completed during the initial assessment or "Care Coordination Face to Face" (code 3320) if completed during ongoing care. (See the Healthy Start Tobacco Use Screening Chapter for additional information).

Because *SCRIPT* is an evidence based program, tobacco cessation providers must be trained to follow the program to fidelity. Services must be provided in the order outlined in the *SCRIPT* training.

Healthy Start participants identified as using tobacco will be offered *SCRIPT*, the approved tobacco cessation intervention for Healthy Start. Since *SCRIPT* is the approved intervention, any part of *SCRIPT* provided face-to-face may be coded to 8026, "Tobacco Education and Cessation Counseling." This includes viewing the "Commit to Quit Smoking During and After Pregnancy" video with the participant, counseling with the guidebook "A Pregnant Woman's Guide to Quit Smoking", carbon monoxide (CO) monitoring, follow-up to assess changes in smoking status and encouragement to maintain smoking cessation.

*SCRIPT* may be provided one-to-one or in a group format. Sessions can be provided in the home, neighborhood, school, workplace, or clinic, wherever the concerns, priorities, and needs

of the participant and family can best be met. Locations for group sessions should meet the needs of the participants by encouraging and supporting attendance. Incentives such as transportation, child care or completion certificates may be necessary to encourage consistent participation in classes.

The tobacco cessation counselor should be familiar with the resources within the community for tobacco cessation and the quality of the services delivered. A list of resources on tobacco cessation offered in the community should be made available to all participants. The statewide resource for information is the Family Health Line 1-800-451-2229.

Communication between the tobacco cessation counselor and other members of the team is essential to support the likelihood of a positive outcome. Multidisciplinary team communication should consist of:

1. Consent for routine release of protected health information (DH 3206), or other appropriate forms as determined by Department of Health's information security officer, signed by the participant for any information that is to be shared among payers, providers, or others;
2. Referrals to outside sources to assist the family in accessing services in the community;
3. Documentation of unmet family needs to be addressed by the Healthy Start worker, or, if system related, this information should be shared with the Healthy Start coalition; and
4. The sharing of accomplishments and progress on goals identified during the family support plan process with the Healthy Start worker and other interdisciplinary members.

## **Documentation**

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Tobacco cessation services, or the provision of tobacco cessation services, must be documented in the participant's electronic record in the approved data management system within three business days of service. Tobacco cessation documentation in the participant's electronic record must include:

- Authorization for release of information, signed by the participant, or on behalf of the participant, for any information that is to be shared among payers, providers, or others
- Progress Notes documenting curriculum content of each class/session
- Family Support Plan for Single Agency Care Coordination (DH 3151), as appropriate
- *SCRIPT Intervention Form*
- *SCRIPT Tobacco Follow-Up Form*

## **Coding**

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Healthy Start services for tobacco cessation should be coded in accordance with approved protocols and procedures for coding. Healthy Start tobacco cessation services require a specific code for service delivery. Service code 8026 “Tobacco Education and Cessation Counseling” should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker or the provider of the service should code one unit for every 15 minutes of services provided to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and follow-ups.

### **Continuous Quality Improvement (CQI)**

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The CQI process should be designed to measure and help improve the extent to which tobacco cessation services are provided to Healthy Start participants and their families to eliminate or decrease risk factors that may affect a pregnancy and/or an infant’s/child’s health.

The Healthy Start coalition should verify that the educator continues to meet provider qualifications and has continued their training in *SCRIPT* and tobacco cessation education. Details of continuing education units, workshops, and training relevant to *SCRIPT* and tobacco cessation education should be documented in the provider’s file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of original Healthy Start risk factors or their underlying situations.
2. Increase in the number of Healthy Start participants who quit tobacco use.
3. Increase in the number of Healthy Start participants who quit during their pregnancy and postpartum period.
4. Increase in the number of Healthy Start participants who attempt to quit smoking.
5. Increase in the number of Healthy Start participants who complete the *SCRIPT* program.
6. Increase in correct documentation in the approved data management system to show tobacco cessation education was offered and/or provided to Healthy Start participants.
7. Increase in correct coding of “Tobacco Education and Cessation Counseling” (code 8026) in the approved data management system to show tobacco cessation education was provided to Healthy Start participants by qualified providers using *SCRIPT*.
8. Adequate training opportunities for Healthy Start workers and tobacco service providers in *SCRIPT*.

See Chapter 30, Continuous Quality Improvement, for additional information.

## Resources and References

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FSU Partners for a Healthy Baby Curriculum	<a href="http://www.cpeip.fsu.edu/PHB/">www.cpeip.fsu.edu/PHB/</a>
Healthy People 2020	<a href="http://www.healthypeople.gov/">www.healthypeople.gov/</a>
Tobacco Free Florida (1-877-U-CAN NOW)	<a href="http://www.tobaccofreeflorida.com">www.tobaccofreeflorida.com</a>
Society for Public Health Education (SOPHE)	<a href="http://www.sophe.org/focus-areas/script/">www.sophe.org/focus-areas/script/</a>

Centers for Disease Control and Prevention (2017). *Secondhand smoke*. Retrieved from [https://www.cdc.gov/tobacco/basic\\_information/secondhand\\_smoke/](https://www.cdc.gov/tobacco/basic_information/secondhand_smoke/)

Centers for Disease Control and Prevention. (2016). *Smoking during pregnancy*. Retrieved from [https://www.cdc.gov/tobacco/basic\\_information/health\\_effects/pregnancy/](https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/)

Centers for Disease Control and Prevention. (2016). *Tobacco use and pregnancy*. Retrieved from [www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm](http://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm)

Dale, L. (2014). *What is thirdhand smoke, and why is it a concern?* Retrieved from [www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/third-hand-smoke/faq-20057791](http://www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/third-hand-smoke/faq-20057791)

U.S. Department of Health and Human Services. (2008). *Treating tobacco use and dependence: 2008 update*. Retrieved from <http://bphc.hrsa.gov/buckets/treatingtobacco.pdf>

Winickoff, J. et al. (2009). Beliefs about the health effects of “thirdhand” smoke and home smoking bans. *Pediatrics* 123(1). Retrieved from <http://pediatrics.aappublications.org/content/123/1/e74.full>

## Frequently Asked Questions

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**Q. What distinguishes the service of “Tobacco Education and Cessation Counseling” from the services offered through care coordination?**

**A.** It is “Tobacco Education and Cessation Counseling” when it is provided using the SCRIPT program, with approved protocols and procedures, by trained and qualified providers, and complies with the standards in this chapter. When it is general information on tobacco or quitting tobacco offered in a supportive manner as education or anticipatory guidance, it is considered care coordination.

If all the following criteria are met, it is considered an enhanced service and the provider will code the services in the approved data management system under “Tobacco Education and Cessation Counseling” (code 8026):

- The provider must meet the Provider Qualifications listed in this chapter.
- The service must be provided face-to-face.

- The *SCRIPT* curriculum must be utilized.
- Specific educational components of the *SCRIPT* curriculum must be selected, presented, and listed in the participant’s progress notes or *SCRIPT* forms by the tobacco cessation counselor.

If the above requirements are not met, time spent is coded as “Care Coordination Face to Face” (code 3320) or “Care Coordination Tracking/ Not Face to Face” (code 3321), as appropriate.

**Q. *Can tobacco cessation services using a curriculum other than *SCRIPT* be coded as an enhanced service?***

**A.** No. Only services provided face-to-face using the *SCRIPT* curriculum by Healthy Start staff trained to use *SCRIPT* will be coded to 8026, “Tobacco Education and Cessation Counseling”. If tobacco cessation education is provided using a curriculum other than *SCRIPT*, the time spent would be coded as “Care Coordination Face to Face” (code 3320) or “Care Coordination Tracking/ Not Face to Face” (code 3321), as appropriate.

**Q. *Can pregnant women use nicotine replacement therapy(NRT) such as the nicotine patch or nicotine gum?***

**A.** It is the option of each physician to choose to prescribe or not to prescribe nicotine replacement therapy to pregnant women who use tobacco. Although many NRT products are now over-the-counter, Healthy Start staff should direct the pregnant woman to her obstetrician or nurse midwife if she wants to use any form of NRT.

References to using pharmacological interventions with pregnant and lactating women are cited in the [Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update](#).

**Q. *Do all visits have to be face-to-face to use code 8026, “Tobacco Education and Cessation Counseling?”***

**A.** Yes.

**Q. *Can *SCRIPT* be used for members of the household other than mom?***

**A.** Yes. *SCRIPT* may be used with any smoker in the household.

**Q. *What code may be used for follow-up tasks such as telephone calls or letters to maintain participant contact between face-to-face appointments?***



**A.** During ongoing care, you may use “Attempt to Contact” (code 3303) when contact is not successful or “Care Coordination Tracking/ Not Face to Face” (code 3321) if contact is made with the participant.

**Q.** ***Can 8026 be coded multiple times for the same client if tobacco education and cessation counseling is completed at multiple appointments?***

**A.** “Tobacco Education and Cessation Counseling” (code 8026) may be coded multiple times if a component of *SCRIPT* is provided at multiple appointments. Components of *SCRIPT* include viewing the “Commit to Quit Smoking During and After Pregnancy” video with the participant, counseling with the guidebook “A Pregnant Woman’s Guide to Quit Smoking”, carbon monoxide (CO) monitoring, follow-up to assess changes in smoking status and encouragement to maintain smoking cessation.

**Q.** ***Can 8026 be coded if the Healthy Start worker explains the SCRIPT program to the participant and provides her information on why smoking is harmful, but she declines participation in the SCRIPT program?***

**A.** No. The participant must agree to participate in the *SCRIPT* program and a component of *SCRIPT* must be completed as part of a face-to-face visit in order to code 8026, “Tobacco Education and Cessation Counseling.”

**Q.** ***What if the participant declines SCRIPT after SCRIPT has been initiated?***

**A:** If a participant has started *SCRIPT* (i.e. viewed the “Commit to Quit Smoking During and After Pregnancy” video, etc.) and they decide they no longer want to continue with *SCRIPT*, the tobacco cessation counselor should document the reason for stopping the service and ensure the participant has information on the Tobacco Free Florida Quitline and smoking cessation classes/support in the community.

Although no longer receiving tobacco cessation services, the participant may continue to receive other Healthy Start services.

The Healthy Start worker should assess the participant’s readiness to quit tobacco at every visit. If at any time the Healthy Start participant decides they would like to receive *SCRIPT* again, services should be re-initiated. If the participant completed watching the “Commit to Quit Smoking During and After Pregnancy” DVD, start with Day 1 of the guidebook “A Pregnant Woman’s Guide to Quit Smoking.” If the participant only watched a portion of the “Commit to Quit Smoking During and After Pregnancy” DVD, the participant should view the DVD in its entirety and then start with Day 1 of the guidebook “A Pregnant Woman’s Guide to Quit Smoking.”

**Q.** ***Who is able to implement the SCRIPT program?***

- A.** Healthy Start professionals and paraprofessionals who have completed the *SCRIPT* training may provide *SCRIPT*. This is documented by receipt of a certificate of completion. Paraprofessionals must provide services under the supervision of a professional supervisor.
- Q.** ***Can the *SCRIPT* Tobacco Screening Form be completed by phone?***
- A.** No, tobacco use screening must be completed face-to-face. See Chapter 16, Healthy Start Tobacco Use Screening, for information on tobacco use screening.
- Q.** ***Can smoking cessation be offered in a group setting?***
- A.** Yes. Smoking cessation can be offered in a group setting, however; *SCRIPT* must be used in order to code “Tobacco Education and Cessation Counseling” (code 8026).
- Q.** ***Can I copy pages from the *SCRIPT* guidebook to share with clients?***
- A.** No, the materials are copyrighted and may not be copied.
- Q.** ***If the client is provided the *SCRIPT* guidebook prior to watching the video “Commit to Quit Smoking During and After Pregnancy”, can I code 8026 if I plan to view the video at the next visit?***
- A:** To ensure fidelity to the model, the Healthy Start worker **MUST** view the video with the client prior to providing the client with the *SCRIPT* guidebook.

## **Notes**

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