

Chapter 16: Healthy Start Services

Tobacco Use Screening

Introduction

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. All Healthy Start prenatal participants, Interconception Woman participants and mothers of infant/child participants are screened for tobacco use. Family and household members living in the home may also be screened for tobacco use in an effort to reduce secondhand and thirdhand smoke exposure to pregnant women and infants.

Definition of Services

Tobacco use screening is a method to assess if a person is using tobacco and if the person is ready to quit using tobacco. The tobacco use screening form used by Healthy Start is the *SCRIPT Tobacco Screening Form*.

Provider Qualifications

Screening for tobacco use shall be provided by individuals who have documentation of successfully completing training on *SCRIPT* and the *SCRIPT Tobacco Screening Form*. Training for the *SCRIPT Tobacco Screening Form* must include:

- How to complete and score the screening tool;
- How to explain the screening tool score to the participant;
- Interventions based on the screening tool score; and
- Referral sources in the community.

Healthy Start services 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

Standard 16.1 Prenatal participants, Interconception Woman participants and mothers of infant/child participants are screened for tobacco use.

Criteria:

16.1.a Prenatal women are screened for tobacco use with the *SCRIPT Tobacco Screening Form* at the initial assessment, 36 weeks gestation and one month postpartum.

16.1.b Mothers of infant/child participants, who did not participate in Healthy Start during their pregnancy, are screened at the initial assessment.

16.1.c Interconception Woman participants (program component 22/32), who did not participate in Healthy Start during their pregnancy, are screened at the initial assessment.

16.1.d Upon completion of the *SCRIPT Tobacco Screening Form*, the screening administrator reviews the questionnaire with the person face-to-face and discusses any recommendations based on screen results.

16.1.e Level of intervention is based upon the need and readiness of the participant.

16.1.f Healthy Start 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 16.2 Anyone screened for tobacco use will receive general education on the effects of tobacco.

Criteria:

16.2.a All participants screened for tobacco use will receive education on tobacco use and the effects tobacco use has on maternal health and fetal development and health.

16.2.b All participants screened for tobacco use and, if available, any family/household members who smoke in the home will receive education on secondhand smoke and the effects secondhand and thirdhand smoke has on others, especially pregnant women, infants and children.

Standard 16.3 Tobacco cessation services will be offered to all pregnant women who use tobacco and to all smokers in the home.

Criteria:

16.3.a Anyone identified as using tobacco will be offered a referral to the Tobacco Free Florida Quitline. If that person declines the referral to the Quitline, written information on the Quitline including the website and phone number will be given to the person.

16.3.b Participants who use tobacco and family/household members who smoke in the home will be offered *SCRIPT*.

16.3.c Participants or mothers of infant/child participants who are not ready to quit will be monitored for the amount of tobacco use (increased, decreased, no change) during Healthy Start visits and for readiness to quit. When the participant is ready to quit, referrals to the Quitline and *SCRIPT* will be re-offered.

Standard 16.4 The *SCRIPT Tobacco Screen* will be provided by qualified and trained providers.

Criteria:

16.4.a Qualifications are met as outlined in this chapter and chapter 6, The Healthy Start Program.

16.4.b Tobacco use screening shall be provided by individuals who have documentation of receiving specialized training in the administration of the *SCRIPT Tobacco Screen*, *SCRIPT* and appropriate referral sources for tobacco cessation services.

Standard 16.5 The Healthy Start worker will follow-up with referrals for tobacco cessation.

Criterion:

Written follow-up documenting status of referral for tobacco cessation services must occur at a minimum of every 30 days until it is verified that the person is receiving services or the person declines services.

Standard 16.6 Healthy Start workers will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

16.6.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 these Healthy Start Standards and Guidelines.

16.6.b "Tobacco Use" (code 6620) is both an identifier and referral code. Use Code 6620 when tobacco use is daily (or in the past month) and is verified by any of the following:

1. The person's own admission to tobacco use;
2. There is positive cotinine or laboratory test verification that the person used tobacco;
3. A staff member witnesses the use;
4. A report from a reliable source such as a reliable family member or professional;
5. An infant's mother smoked during pregnancy as documented by at least one of the above criteria.

At the time a participant is identified as a tobacco user, the participant must be offered a referral to the Tobacco Free Florida Quitline.

16.6.c Administering the *SCRIPT Tobacco Screen* and discussing any recommendations based on screening results MUST be provided face-to-face. Screenings occurring during the Initial Assessment should be coded to "Initial Assessment Service Units" (code 3215). Screenings occurring during ongoing care should be coded to "Care Coordination Face to Face" (code 3320).

Standard 16.7 Healthy Start workers will document tobacco screening results and any interventions provided 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:

16.7.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.

16.7.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.

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

Standard 16.8 *SCRIPT Tobacco Screen* administrators will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

The continuous quality improvement (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

The level of intervention is based on whether the person has ever used tobacco, quit using tobacco or if they are currently using tobacco. The following table shows the intervention based on use:

Scoring Area	Intervention
<p>Never Smoked or Used Tobacco</p> <p>(Anyone who has ever “tried” tobacco, but did not continue to use should be placed in this category.)</p>	<ul style="list-style-type: none"> • Provide positive reinforcement. • Provide education on tobacco use and the effects tobacco use has on maternal health and fetal development and health • Provide education on secondhand smoke and the effects secondhand smoke has on others, especially pregnant women, infants and children. • Offer family/household members who smoke in the home a referral to the

	<p>Tobacco Free Florida Quitline and <i>SCRIPT</i>.</p>
<p>Quit Using Tobacco</p>	<ul style="list-style-type: none"> • Provide positive reinforcement. • Provide education on tobacco use and the effects tobacco use has on maternal health and fetal development and health • Provide education on secondhand smoke and the effects secondhand smoke has on others, especially pregnant women, infants and children. • Provide information on the Tobacco Free Florida Quitline and area smoking cessation programs. • Monitor and if client relapses, offer the <i>SCRIPT</i> program. • Offer family/household members who smoke in the home a referral to the Tobacco Free Florida Quitline and <i>SCRIPT</i>.
<p>Current Tobacco User</p>	<ul style="list-style-type: none"> • Provide education on tobacco use and the effects tobacco use has on maternal health and fetal development and health • Provide education on secondhand smoke and the effects secondhand smoke has on others, especially pregnant women, infants and children. • Offer referral to the Tobacco Free Florida Quitline. If the client declines, provide written information on the Tobacco Free Florida Quitline. • Offer the <i>SCRIPT</i> program. If the client declines, provide information on area smoking cessation programs. • If the client declines referrals because they are not ready to quit, monitor for readiness to quit and provide motivational interviewing. When the client is ready to quit, re-offer <i>SCRIPT</i> and a referral to the Tobacco Free Florida Quitline.

	<ul style="list-style-type: none">• Offer family/household members who smoke in the home a referral to the Tobacco Free Florida Quitline and <i>SCRIPT</i>.
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Every participant who uses tobacco and every family/household member who smokes in the home are offered a referral to the Tobacco Free Florida Quitline and *SCRIPT*.

Tobacco Free Florida has many resources to help people quit tobacco. People can call the Tobacco Free Florida Quitline at 1-877-U-CAN-NOW (1-877-822-6669) to speak with a trained Quit Coach who can help the person assess their addiction and help them create a personalized quit plan. The Quitline has coaches who can speak English, Spanish and Creole along with translation services for those who require translation from other languages. Tobacco Free Florida also offers Group Quit sessions, an online program called Web Quit and free tools utilizing text messaging and email tips. For people 18 years of age or older, and when medically appropriate, Tobacco Free Florida offers a two-week starter kit of free nicotine replacement patches or gum. More information is available on their website www.tobaccofreeflorida.com

Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) is the statewide Healthy Start smoking cessation intervention. *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. (See Chapter 22, Tobacco Education and Cessation Counseling, for more information on providing and coding for *SCRIPT*.)

Documentation

Screening results and the intervention will be documented in the participant's electronic record in the approved data management system within three business days of service. Screening 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 any education and referrals provided
- Family Support Plan for Single Agency Care Coordination (DH 3151), as appropriate
- Tobacco Free Florida Quitline and other referral forms, as appropriate
- *SCRIPT Tobacco Screening form*

Additional forms/assessments that may be included in the participant's electronic record include:

- "Partners for a Healthy Baby Home Visiting Curriculum" documents

Coding

Healthy Start Standards and Guidelines 2019

Healthy Start tobacco use screening services should be coded in accordance with approved protocols and procedures for coding. Service code 3215 “Initial Assessment Service Units” (if the screening occurred during the initial assessment) or service code 3320 “Care Coordination Face to Face” (if the screening occurred during ongoing care) should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker 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)

The CQI process should be designed to measure and help improve the extent to which tobacco use screenings and interventions are provided to Healthy Start participants and their families as a preventative strategy to reduce risk factors associated with tobacco and secondhand smoke.

The Healthy Start Coalition should verify that the screening administrator continues to meet provider qualifications and has continued their training in the delivery of *SCRIPT*. Details of continuing education units, workshops, and training relevant to tobacco cessation education and *SCRIPT* 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 the original Healthy Start risk factors or their underlying situations.
2. Percentage of Healthy Start participants who receive a tobacco use screen.
3. Percentage of participants who receive the recommended number of tobacco use screenings during their participation in Healthy Start.
4. Percentage of participants who receive the appropriate intervention based on their tobacco use screen.
5. Increase in the number of referrals to the Tobacco Free Florida Quitline for participants who use tobacco.
6. Increase in the number of Tobacco Free Florida Quitline services utilized by participants who use tobacco.
7. Increase in the number of Healthy Start participants identified as using tobacco who agree to participate in *SCRIPT*.

8. Increase in the percent of Healthy Start participants who change smoking behavior (those who do not quit) to eliminate secondhand and thirdhand smoke exposure to children.
9. Increase in correct documentation in the approved data management system to show screening, education and referrals were offered and/or provided to Healthy Start participants.
10. Adequate training opportunities for Healthy Start staff for motivational interviewing.
11. Adequate training opportunities for Healthy Start staff for *SCRIPT* and other tobacco cessation services in the community.

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

Resources and References

Healthy People 2020	www.healthypeople.gov/
Tobacco Free Florida (1-877-U-CAN NOW)	www.tobaccofreeflorida.com
Society for Public Health Education (SOPHE) SCRIPT	http://www.sophe.org/focus-areas/script-smoking-cessation-reduction-pregnancy-treatment-program/

Frequently Asked Questions

- Q. *Is there a special code for tobacco use screening?***
- A.** No, there is not a special code for tobacco use screening. Since the *SCRIPT Tobacco Screening Form* administrator must be face-to-face with the participant or mother of the infant/child participant to complete the tobacco use screen and to discuss recommendations based on screening results, time spent providing the *SCRIPT Tobacco Screen* should be coded to “Initial Assessment Service Units” (code 3215) if the screen occurred during the initial assessment or “Care Coordination Face to Face” (code 3320) if the screen occurred during ongoing care.
- Q. *Why is tobacco use screening not coded as 8026?***
- A.** “Tobacco Education and Cessation Counseling” (code 8026) is an enhanced service code used to track the smoking cessation intervention *SCRIPT*. Screening for tobacco use is not an intervention and therefore should not be coded to 8026.
- Q. *Can family members and household members be screened for tobacco use?***
- A.** Yes, family members and household members may be screened for tobacco use.

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](#).

Notes
