Smoking Cessation Resource Assessment – what is in YOUR community?

1. **State Quitline Resources**

**In many states, the State Quitline is the main provider of smoking cessation services. It is important that you become familiar with the range of services offered in your state, and how a patient can access those services. Services may change each year based on state funding, so check regularly for changes and updates.**

* What is the state’s Quitline?

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Toll Free Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How can you enroll someone in your state’s Quitline?

[ ]  Fax referral

[ ]  Electronic medical record referral

[ ]  Call for/with patient

[ ]  Individual needs to call/text/register

* What services are offered through your state’s Quitline?

[ ]  Telephone cessation counseling - How many sessions? \_\_\_\_\_\_\_\_\_\_

[ ]  Text program - How to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Website cessation counseling - How to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Mobile application Which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does your state’s Quitline provide any of the following?

[ ]  Nicotine replacement therapy (NRT)–

* + Which? [ ]  Patches [ ]  Gum [ ]  Lozenges [ ]  Inhaler [ ]  Nasal spray
	+ For how long? \_\_\_ weeks
	+ Is a prior authorization required for Medicaid to cover the cessation NRT? [ ]  Yes [ ]  No

[ ]  Medication

* Which? [ ]  Bupropion [ ]  Varenicline (Chantix)
* For how long? \_\_\_\_\_ months
* Is a prior authorization required for Medicaid to cover the cessation prescription? [ ]  Yes [ ]  No
1. **Health System Resources**

**Some health systems such as clinics, network of providers and hospitals offer cessation resources to their patients. Check to see if your health system offers smoking cessation support to your patients.**

* Does your health system/clinic/hospital offer cessation services? [ ]  Yes [ ]  No
* What services are offered?

[ ]  In person cessation counseling [ ]  Telephone cessation counseling

[ ]  Texting program [ ]  Mobile application

[ ]  Provision of nicotine replacement – which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Provision of medication – which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How does the patient access these services?

[ ]  Referral from provider [ ]  The patient calls/enrolls

* What is the cost associated with any of the cessation services?

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or [ ]  free Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Health Insurance Plans**

**It is very important that you understand what Medicaid will cover and how a patient can use their Medicaid Benefits. Again, each state Medicaid program is unique and changes and updates may occur.**

**Medicaid**

* Which nicotine replacement therapy (NRT) will your state’s Medicaid program cover?

[ ]  Patches [ ]  Gum [ ]  Lozenges [ ]  Inhaler [ ]  Nasal spray

* + For how long? \_\_\_ weeks
	+ How many times per year is the patient allowed to use their cessation benefits? \_\_\_\_\_\_
	+ Is a prior authorization required for Medicaid to cover the cessation NRT? [ ]  Yes [ ]  No
	+ Does your state Medicaid program offer/cover any other cessation service not listed?

[ ]  Yes [ ]  No Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other common Health Plans that cover your patients**

**Private health insurance plans should cover smoking cessation services. Each health plan may offer different services and enrollment processes. You can learn more at:** [**https://www.lung.org/policy-advocacy/tobacco/cessation/tobacco-cessation-treatment-what-is-covered**](https://www.lung.org/policy-advocacy/tobacco/cessation/tobacco-cessation-treatment-what-is-covered)

**Health Plan Name #1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it a [ ]  Medicare OR [ ]  Employer Pan?

* What services are offered through this health plan?

[ ]  Telephone cessation counseling - How many sessions? \_\_\_\_\_\_\_\_\_\_

[ ]  Text program - How to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Website cessation counseling - How to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Mobile application Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How can the patient enroll in cessation services?

[ ]  Fax referral

[ ]  Electronic medical record referral

[ ]  Call for/with patient

[ ]  Health care provider must refer/enroll patient into cessation services

[ ]  Patient needs to call/text/register

* Does this health plan provide any of the following?

[ ]  Nicotine replacement therapy (NRT)–

* + Which? [ ]  Patches [ ]  Gum [ ]  Lozenges [ ]  Inhaler [ ]  Nasal spray
	+ For how long? \_\_\_ weeks
	+ Is a prior authorization required for Medicaid to cover the cessation NRT? [ ]  Yes [ ]  No

[ ]  Medication

* Which? [ ]  Bupropion [ ]  Varenicline (Chantix)
* For how long? \_\_\_\_\_ months
* Is a prior authorization required for Medicaid to cover the cessation prescription? [ ]  Yes [ ]  No

**Health Plan Name #2**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it a [ ]  Medicare OR [ ]  Employer Pan?

* What services are offered through this health plan?

[ ]  Telephone cessation counseling - How many sessions? \_\_\_\_\_\_\_\_\_\_

[ ]  Text program - How to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Website cessation counseling - How to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Mobile application Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How can the patient enroll in cessation services?

[ ]  Fax referral

[ ]  Electronic medical record referral

[ ]  Call for/with patient

[ ]  Health care provider must refer/enroll patient into cessation services

[ ]  Patient needs to call/text/register

* Does this health plan provide any of the following?

[ ]  Nicotine replacement therapy (NRT)–

* + Which? [ ]  Patches [ ]  Gum [ ]  Lozenges [ ]  Inhaler [ ]  Nasal spray
	+ For how long? \_\_\_ weeks
	+ Is a prior authorization required for Medicaid to cover the cessation NRT? [ ]  Yes [ ]  No

[ ]  Medication

* Which? [ ]  Bupropion [ ]  Varenicline (Chantix)
* For how long? \_\_\_\_\_ months
* Is a prior authorization required for Medicaid to cover the cessation prescription? [ ]  Yes [ ]  No

**Health Plan Name #3**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it a [ ]  Medicare OR [ ]  Employer Pan?

* What services are offered through this health plan?

[ ]  Telephone cessation counseling - How many sessions? \_\_\_\_\_\_\_\_\_\_

[ ]  Text program - How to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Website cessation counseling - How to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Mobile application Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How can the patient enroll in cessation services?

[ ]  Fax referral

[ ]  Electronic medical record referral

[ ]  Call for/with patient

[ ]  Health care provider must refer/enroll patient into cessation services

[ ]  Patient needs to call/text/register

* Does this health plan provide any of the following?

[ ]  Nicotine replacement therapy (NRT)–

* + Which? [ ]  Patches [ ]  Gum [ ]  Lozenges [ ]  Inhaler [ ]  Nasal spray
	+ For how long? \_\_\_ weeks
	+ Is a prior authorization required for Medicaid to cover the cessation NRT? [ ]  Yes [ ]  No

[ ]  Medication

* Which? [x]  Bupropion [x]  Varenicline (Chantix)
* For how long? \_\_\_\_\_ months
* Is a prior authorization required for Medicaid to cover the cessation prescription? [ ]  Yes [ ]  No
1. **Other National Resources**

**American Lung Association (ALA)**

**The ALA is a national private association. They train Freedom From Smoking facilitators to deliver the in-person group cessation program.**

* Does your community have a Freedom From Smoking (FFS) cessation group? [ ]  Yes [ ]  No

You can look up the FFS sites here: <https://www.lung.org/quit-smoking/join-freedom-from-smoking/freedom-from-smoking-clinics>

* Where does the group meet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the days and times of the meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How does a patient enroll into the cessation group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Resources**

**There may be other health systems, clinics or agencies that deliver cessation services, based on needs and funding. It is important to conduct internet searches and/or reach out to community databases (Aunt Bertha, 2-1-1) to look for programs. However, before referring a patient to a service, ensure that it follows evidence-based cessation approaches such as telephone/in-person/group cessation counseling, nicotine replacement therapy, or cessation medication.**

***Community smoking cessation resource***

* Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cessation support type: [ ]  Group [ ]  Individual [ ]  NRT [ ]  Medication
* Modality: [ ]  In person [ ]  Telephone [ ]  Online
* Describe support delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cost: [ ]  Free or $\_\_\_\_ describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_