



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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LME/MCO Joint Communication Bulletin #J448

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TO: Local Management Entities/Managed Care Organizations (LME/MCOs)

FROM: Deb Goda, Associate Director, Behavioral Health and I/DD, NC Medicaid
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SUBJECT: Tobacco-free Policy Requirement

Tobacco-related policy requirements for Standard Plans, Tailored Plans and LME/MCO contracted medical, behavioral health, intellectual/developmental disabilities (I/DD), and traumatic brain injury (TBI) service providers will be effective April 1, 2024. These requirements will apply to both Medicaid and state-funded service providers. The Department will work with the Standard Plans, Tailored Plans, and LME/MCOs to include these requirements, as appropriate, in advance of April 1, 2024.

Secondhand smoke is a well-documented danger to health. No one should be exposed to secondhand smoke when they access care or on the job. Research shows that most people who use tobacco want to quit. An environment free from triggers to use tobacco products is necessary to support service recipients whose goal is to become tobacco free. People with behavioral health disorders die disproportionately from tobacco-related illness. Among people who try to become tobacco free, only a small minority receive evidence-based care to assist them.

Starting April 1, 2024, NC Medicaid Managed Care Standard plans, Tailored Plans and LME/MCOs will require contracted providers, with exceptions noted below, to implement a tobacco-free policy covering any portion of the property on which the provider operates that is under its control as owner or lessee, including buildings, grounds, and vehicles.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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A tobacco-free policy includes prohibition on smoking combustible tobacco products and use of non-combustible tobacco products, such as electronic, heated, and smokeless tobacco products, and nicotine products not approved by the FDA as tobacco use treatment medications. A tobacco-free policy also includes prohibition on contracted providers purchasing, accepting as donations, or distributing tobacco products to individuals they serve.

Does not apply to these settings

This tobacco-free policy requirement does not apply to:

- retail pharmacies;
- properties where no direct clinical services are provided;
- non-emergency medical transport;
- alternative family living settings;
- manufacturing sites that employ people who receive adult developmental vocational program services;
- or
- manufacturing sites that employ adults who receive other group day services.

Partial Requirement for these settings

Also exempt from the above policy are Intermediate Care Facilities for adults with intellectual disabilities (ICF-IID) and adult I/DD residential services subject to the Home and Community Based Services (HCBS) Final Rule and their State Funded equivalent services, as well as State Funded adult mental health residential settings.

Starting April 1, 2024, the following tobacco-free policies shall be required in these settings:

1. Use of tobacco products is prohibited indoors when the building or home in which the provider
 - operates is under the provider's control as owner or lessee.
2. Outdoor areas under the provider's control as owner or lessee must:
 - Ensure access to common outdoor space(s) on the property free from exposure to tobacco use; and
 - prohibit staff/employees from using tobacco products anywhere on the property.

The above-referenced residential providers retain the option to implement a 100% tobacco-free campus policy for the safety of clients and staff.

Provider Monitoring

Starting April 1, 2024, provider monitoring for the tobacco-free policy requirement will occur through a grievance/complaint process. Technical assistance by the NC Division of Public Health's (DPH) Tobacco Prevention and Control Branch will be used to address grievances/complaints related to exposure to tobacco use on contracted provider property subject to the tobacco-free policy requirement.

The purpose of the policy requirement and grievance/complaint process is both to protect people from secondhand smoke/aerosol and to facilitate evidence-based tobacco use treatment in any setting a beneficiary seeks it. In maintaining adherence to a tobacco-free policy, providers should take a trauma-informed, non-punitive approach toward addressing tobacco-use on campus by any clients they serve.

The response to non-adherence to the policy by clients is compassion and collaboration to find ways that work for the client to adhere to the policy on campus, including assessing a client's need for tobacco use treatment and ensuring the client is provided necessary treatment services and supports. It is the responsibility of providers to offer clients the tools they need to be successful in avoiding using tobacco on campus.

Mirroring this collaborative approach, the grievance/complaint process used by NC DHHS and its health plan vendors, including LME/MCOs, for provider monitoring is an opportunity for technical assistance regarding both maintaining a tobacco-free campus and ensuring that clients continue to access necessary healthcare services while receiving the evidence-based tobacco use treatment interventions necessary to be successful in

adhering to a policy.

Supporting Policy Change

To support this policy change, the DPH Tobacco Prevention and Control Branch partners with the Division of Mental Health/Developmental Disabilities/ Substance Abuse Services and the Division of Health Benefits to coordinate [Breathe Easy NC: Becoming Tobacco Free](#).

Breathe Easy NC: Becoming Tobacco Free is a statewide initiative to support people with behavioral health conditions and I/DD/TBI in becoming tobacco free, by working with service providers to integrate tobacco use treatment and make campuses tobacco free.

- Standard Plan, Tailored Plan and LME/MCO contracted service providers should make use of this resource to ensure they have a transparent, well-organized, and evidence-based tobacco-free policy and tobacco use treatment implementation process.
- Making an organization's campus tobacco-free is a process that should involve all organization stakeholders: service recipients or clients, leadership, and staff. Implementing a tobacco-free policy can take three to six months, occasionally longer.
- Providers should integrate tobacco use treatment or referrals to tobacco use treatment resources, such as QuitlineNC, prior to policy implementation.

Providers can visit BreatheEasyNC.org for technical assistance and training on tobacco-free policy implementation and evidence-based tobacco use treatment or contact their county's [regional or local tobacco control staff](#) directly. They can assist with every step of this process.

If you have any questions, check out these Frequently Asked Questions (FAQ) webpages from [Breathe Easy NC](#):

- [NC Standard and Tailored Plan Tobacco-Free Requirement FAQ for Behavioral Health & Medical Provider Agencies](#)
- [NC Standard and Tailored Plan Tobacco Related Policies FAQ for Organizations that Serve People with I/DD or TBI](#)
- [NC Standard and Tailored Plan Tobacco-Free Requirement FAQ for Clients, Families and Staff](#)

If you have any questions, please contact Joyce Swetlick at Joyce.Swetlick@dhhs.nc.gov.

Previous bulletins can be accessed at: www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins

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