Survey on Substance Use Disorder Patient Placement Criteria and Assessments:
Final Report

Prepared for
**the Office of the Assistant Secretary for Planning and Evaluation (ASPE)
at the U.S. Department of Health & Human Services**

by
RTI International

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Office of the Assistant Secretary for Planning and Evaluation

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SURVEY ON SUBSTANCE USE DISORDER PATIENT PLACEMENT CRITERIA AND ASSESSMENTS: FINAL REPORT

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ACRONYMS

The following acronyms are mentioned in this report and/or appendices.

ASAM	American Society of Addiction Medicine
ASI	Addiction Severity Index
ASPE	HHS Office of the Assistant Secretary for Planning and Evaluation
EHR	Electronic Health Record
GAIN	Global Appraisal of Individual Need
GPRA	Government Performance and Results Act
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
LOC	Level of Care
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NOMS	National Outcome Measures
OMB	Office of Management and Budget
PPC	Patient Placement Criteria
REDCap	Research Electronic Data Capture
SAPT	Substance Abuse Prevention and Treatment
SSA	Single State Agency for Substance Use Services
SUD	Substance Use Disorder
TAP	Treatment Assignment Protocol
TEDS	Treatment Episode Data Set
WM	Withdrawal Management

EXECUTIVE SUMMARY

In the United States there is a large gap between those needing substance use disorder (SUD) treatment and those receiving treatment. Some of the challenges that contribute to this gap are the availability of and placement into the most appropriate type of treatment or level of care (LOC). Researchers have found that people who receive an appropriate LOC have better treatment outcomes. Patient placement criteria (PPC) and biopsychosocial assessment tools have been established to guide providers in matching clients to the appropriate LOC. The results of these placement assessments, if collected centrally by states, can also inform states of the distribution of need for different levels of care. These data can be linked and compared to other information for identifying and addressing treatment gaps. This study builds on research conducted 15 years ago to understand the use of and requirements around SUD PPC. Further, it updates and broadens our knowledge of how the criteria are operationalized, and the degree to which data are collected and can be used to determine treatment needs across states.

Study Activities

To fulfill the objectives of this study, a national survey of Single State Agencies for Substance Use Services (SSAs) and Medicaid agencies was conducted with every state and the District of Columbia (N=102). Representatives designated by the state organizations answered questions about requirements regarding SUD PPC and assessment tools, data that are collected and linkable to other information, resources provided to help providers with the patient placement process, and other contextual factors related to their processes. The survey was completed online from August 27, 2020, to September 14, 2020. At the conclusion, 47 SSAs and 45 Medicaid agencies responded to the survey, yielding a response rate of 90%.

Key Findings

Almost all respondents said they require the use of SUD PPC (91.5% of SSAs and 80.0% of Medicaid agencies). American Society of Addiction Medicine (ASAM) PPC were required among 87.2% of SSA respondents and 73.3% of Medicaid agency respondents. The most common mechanism for requiring the use of PPC is through contracts with providers or managed care organizations (70.2% of SSAs and 55.6% of Medicaid agencies).

Even though many states require the use of PPC, many do not require the use of a specific assessment tool (48.9% of SSAs and 46.7% of Medicaid agencies). The most commonly required assessment tool is the ASAM Continuum, which is required in only 17.0% of SSA respondents and 22.2% of Medicaid agency respondents.

State organizations are collecting patient placement data that can help them understand treatment needs and access by LOC. This, however, is more frequent among SSAs than Medicaid agencies. 74.5% of SSAs and 42.2% of Medicaid agencies collect the assessed SUD LOC, and 72.3% of SSAs and 44.4% of Medicaid agencies collect the initial placement into an

SUD LOC. State organizations are using patient placement data to examine such issues as the need for additional treatment in different geographic areas of the state, in addition to the need for different levels of care for various service populations. Many SSAs are also able to link these placement data with other data such as the Treatment Episode Data Set (TEDS) National Outcome Measures (NOMS) and service utilization or billing data. Finally, many organizations said they would be somewhat or very likely to share aggregate de-identified patient placement data with the U.S. Department of Health and Human Services (HHS) (74.5% of SSA and 53.3% of Medicaid agencies).

This study confirmed that since 2005 the percentage of states requiring PPC has remained very high (84% of SSAs in 2005 and 91% of SSAs in this study). Over the past several years, many more states have started to require the use of ASAM PPC. These criteria have helped unify the approach for placing individuals into SUD treatment. There is, however, variability in how the criteria are applied due to differences in training and implementation practices. For example, we found that one-half of SSAs and Medicaid agencies do not require a specific assessment tool. There is also variation in the populations for who the criteria are required and the levels of care for which they are required. Variations in these dimensions can affect the ability to compare data on treatment needs across multiple states.

Despite the variation in these practices, there may be an opportunity to collect aggregate de-identified information from a subset of states that are using a uniform set of patient placement processes. HHS can use these data to potentially establish a multi-state database of treatment needs by LOC. Among participating states within this database, treatment needs could be compared to treatment availability and utilization by LOC, thus identifying areas where resources can be invested to minimize the treatment gap.

BACKGROUND

SUDs are a leading cause of mortality and morbidity in the United States. In 2018, an estimated 21.2 million Americans aged 12 or older had an SUD.[1] Alcohol and drug use results in over 100,000 United States deaths annually.[2] Further, over the past two decades, use of prescription and illicit opioids has fueled a steep rise in overdose deaths, contributing to a decline in overall life expectancy in the United States.[2]

Need for Effective Treatment

Effective treatment for SUDs saves lives and improves the quality of life for many who receive it, but a significant percentage of people do not get the treatment they need. Of the 21.2 million people aged 12 years and older who needed treatment for SUD in 2018, only 2.4 million received specialty SUD treatment (11.1%).[1] Many individuals do not receive treatment because they do not think they need it (94.9%). Among those who do perceive a need (5.1%), 38.4% said they did not receive treatment because they had no health care or could not afford treatment, and 21.1% said they did not know where to receive treatment.[1] Although various states have worked to expand SUD services, those expansion efforts have not kept up with the increased need for treatment, and there remains a lack of capacity to address that need.[3; 4]

Bridging the Gap in Treatment Needs

To bridge the treatment gap, it is necessary to ensure that people receive a clinical assessment for SUD and then are referred to and receive the appropriate *level of care* for their SUD treatment. LOC refers to the categorization of services based on treatment intensity and other clinically relevant dimensions. Studies have found that people who were correctly matched to the appropriate LOC were more likely to attend treatment,[5] stay in treatment,[6] have fewer hospital bed-days in the following year,[7] and have better substance use outcomes.[6; 8]

Most SSAs use PPC to determine how people are matched to an appropriate LOC.[9] The majority of SSAs require the use the ASAM placement criteria to guide referral to a suitable LOC based on the individual's needs.[9] Providers reimbursed by SSAs, however, may use a variety of assessment tools and approaches to systematically gather information necessary for applying the criteria and determining a LOC.[10] Some SSAs gather data on the use of these criteria and assessments tools to establish accountability and identify treatment needs by LOC.[10]

For low-income individuals with SUDs, efforts related to treatment assessment and matching are largely governed by the SSA and Medicaid. Medicaid is the largest single payer for behavioral and mental health care services in the United States. SSAs are funded by a federal substance abuse prevention and treatment (SAPT) block grant, as well as other public funding sources, including Medicaid. These funds are intended to coordinate and deliver SUD services to people with the greatest needs, who frequently are uninsured.

Availability of Data

Despite the fundamental role that states play in helping people receive appropriate SUD treatment, data related to treatment service matching and how these data are used for systems planning currently are limited. Such data are critical to the determination of policy and guidance and to the coordination of resources. For example, placement assessment data would help inform the ongoing debate as to whether limited resources should target increased residential treatment capacity--perhaps by repealing the Institutions for Mental Diseases exclusion without the requirements of a waiver--or increased high-quality outpatient treatment.[11] Comprehensive planning, however, requires that placement assessment data be available across all levels of care. Information is not currently available regarding the specific levels of care for which placement assessment data are collected. To guide comparisons and federal resource planning across multiple states, there also needs to be a clearer understanding of which data elements are collected, for which levels of care, and for which populations.

Available data on states' use of PPC are, in some cases, neither recent nor sufficient to inform new policies or infer resources needed by LOC. The limited evidence available comes from two sources and suggests that many states use evidence-based PPC. The first source is Medicaid Waiver requirements: the 28 states that have received a Medicaid SUD 1115 Demonstration Waiver (SUD 1115) are required to use evidence-based PPC within their Medicaid programs and to perform an independent evaluation of their expanded services and processes for placement of clients into treatment.[12] The second data source is a survey of SSAs that was administered 15 years ago.[9] Those data indicate that two-thirds of the 51 responding states required the use of ASAM PPC among providers that were contracted or funded under their SSAs.[9]

Survey on Substance Use Disorder Patient Placement Criteria and Assessments

This report provides recent evidence from a national survey of SSAs and Medicaid agencies on states' use of PPC and assessment tools, and how they are being used to determine treatment needs and gaps by levels of care. The survey also solicits input on what assessment and placement information is available in state data collection systems and the degree to which these data may be linked with other relevant data on SUD treatment and combined to inform federal resource planning.

DATA AND METHODS

The HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with RTI International (RTI) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to conduct a survey of all SSAs and Medicaid agencies across the 50 states and the District of Columbia. ASPE received approval under the Paperwork Reduction Act to collect this information (Office of Management and Budget [OMB] Control Number: 0990-0474). This study was deemed not human subjects research by RTI's Institutional Review Board.

Study Population

Respondents consisted of a representative from the SSA and a representative from the Medicaid agency in each of the 50 states and the District of Columbia (N=102). The selected representatives were knowledgeable of the SUD policies and practices within each organization. For the SSAs, the state treatment coordinator was requested to complete the survey. For Medicaid agencies, either the director of substance use services was invited to respond, or direction was requested from the overall Medicaid Director as to the appropriate respondent.

Measures

Survey measures were created by refining the prior survey among SSAs that was conducted 15 years ago.[9] The development of the survey was also informed by a recent study for ASPE that included discussions with representatives from eight different states to learn about their patient placement process, data collection, and analysis.[10] Once the survey was drafted, cognitive testing of the survey was conducted with three state representatives and written feedback was received from two SSA treatment coordinators.

The survey was composed of five sections. The first three sections had multiple questions each to address the responding organizations' requirements for PPC (Section 1), assessments (Section 2), and data (Section 3). The PPC questions, or Section 1, detailed the mechanisms used to require the criteria, specific patient populations for which the criteria are required (e.g., Medicaid patients), and whether ASAM or some other placement criteria are used.

Section 2 was designed to ascertain whether providers are required to use a state-accepted assessment tool, and if so, what that assessment tool is (i.e., ASAM Continuum, Global Appraisal of Individual Needs [GAIN], Addiction Severity Index [ASI], ASI-Lite, Treatment Assignment Protocol [TAP], Other). The specific assessment tools listed in the survey were chosen based on the previous discussions with eight states.[10] Even though each assessment tool includes a unique set of questions, and they differ in how open-ended the questions are, they all gather information regarding the same six domains focused on in the ASAM criteria. Section 2 of the survey also identified the levels of care for which placement assessments are required by

the states, and whether the placement assessments are required for only those patients funded by the organization or by all patients.

Section 3 asked what placement information is available to the state organization and whether those data can be linked with other state datasets such as electronic health records (EHRs), service utilization or billing data, prior authorization determinations, different sets of NOMS, and state or program-specific outcome measures. The respondents were also asked how likely it is that the state organization might share aggregate de-identified patient placement data with HHS.

Survey Sections 4 and 5 contained questions regarding what resources the state makes available to providers to help them implement and use PPC and other contextual factors that may affect the state organization's patient placement and data collection practices, respectively.

The survey was programmed using Research Electronic Data Capture (REDCap) software. REDCap is a HIPAA compliant web-based survey software designed for fielding, storing, and analyzing data. Screen shots of the programmed survey are in *Appendix A*.

Survey Administration

NASADAD fielded the survey to the SSAs. NASADAD has a long-term working relationship with all SSAs across the United States and frequently does surveys with SSA directors and SSA treatment coordinators.

RTI administered the Medicaid survey in all 50 states and the District of Columbia. To do so, RTI identified initial contacts who may be knowledgeable of SUD policies and practices within their organization and then RTI called or emailed them to explain the study and to determine the survey point of contact. Once the survey points of contact were identified, a communication was sent with an introductory letter providing information on the study and a link providing access to the survey (*Appendix B*). All respondents were given two weeks to complete the survey. NASADAD and RTI followed up on a weekly basis with potential respondents via phone and email.

Forty-seven of the 51 SSAs (92%) and 45 of the 51 Medicaid (88%) agencies responded to the survey, for a final response rate of 90%. There were also some situations where staff from the SSA completed the Medicaid survey; however, it was confirmed in these situations that the respondents provided a Medicaid perspective.

Analyses

Univariate and bivariate analyses were conducted on all data collected through September 14, 2020. Estimates were assessed separately for SSAs and Medicaid agencies. Medicaid agencies were separated into those that have received an SUD 1115 Waiver that expands available levels of care and encourages the use of evidence-based PPC, and those that

have not received one or their application was still pending.[i] Since the purpose of the study is to describe state requirements regarding use of PPC and assessment tools rather than to perform hypothesis tests, we did not perform tests of statistical significance.

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[i] As of September, the following 28 states had an approved SUD 1115: Alaska, California, District of Columbia, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, North Carolina, Nebraska, New Hampshire, New Jersey, New Mexico, Ohio, Pennsylvania, Rhode Island, Utah, Virginia, Vermont, Washington, West Virginia, and Wisconsin.

RESULTS

Most state organizations responding to this survey required the use of SUD PPC, including 91.5% of SSAs (43 out of 47) and 80.0% of Medicaid agencies (36 out of 45). An additional four SSAs reported recommending but not requiring the use of PPC, and six Medicaid agencies recommended but did not require the use of PPC. Three Medicaid agencies reported they did not require or recommend the use of any PPC.

Mechanisms for Requiring Patient Placement Criteria

States reported using a variety of mechanisms to enforce the use of PPC. The most common approach was through the use of contracts for both SSA respondents (70.2%) and Medicaid agency respondents (55.6%); followed by licensure regulations and state statutes (***Exhibit 1***). The use of contracts was more common among Medicaid agencies with an SUD 1115 Waiver than SSAs without an 1115 Waiver (68.0% vs. 40.0%). SSAs and Medicaid agencies also reported using a variety of other approaches including administrative rules, service definitions, service authorizations, and medical necessity requirements. Reporting other approaches rather than those specified in the survey was more common among Medicaid agencies than SSAs.

Exhibit 1. Mechanisms for Requiring the Use of PPC, by Type of State Organization								
Requirements for PPC and Assessments	**SSA Respondents (N=47)**		**Medicaid Respondents**					
			Overall (N=45)		**No SUD 1115 (N=20)**		**SUD 1115 (N=25)**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Contracts	33	70.2	25	55.6	8	40.0	17	68.0
Licensure regulations	22	46.8	20	44.4	9	45.0	11	44.0
State statutes	18	38.3	14	31.1	4	20.0	10	40.0
Other requirements	6	12.8	16	35.6	7	35.0	9	36.0
No PPC criteria required	4	8.5	9	20.0	6	30.0	3	12.0
Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. This question was not asked of SSAs and Medicaid agencies that reported they do not require the use of PPC. Respondents could select multiple responses for this question, so the percentages do not sum to 100%.								

Populations for which Patient Placement Criteria are Required

Approximately one-quarter of all respondents required providers to use PPC for all SUD patients (***Exhibit 2***). Among Medicaid agencies, this appeared to be more common among states with an SUD 1115 Waiver than those without a waiver (28% vs. 15%). For 74.5% of SSAs and 77.8% of Medicaid agencies, SUD placement criteria were required for a subset of individuals with SUDs. State Medicaid agencies were most likely to require the use of PPC for Medicaid patients (56%), and SSAs were most likely to require the use of PPC for publicly funded patients

(66%). Other subgroups that state organizations listed include clients funded under grants, involved in the justice system, or with chronic conditions.

Exhibit 2. Groups for Which PPC are Required, by Type of State Organization								
Patient Groups	**SSA Respondents (N=47)**		**Medicaid Respondents**					
			Overall (N=45)		**No SUD 1115 (N=20)**		**SUD 1115 (N=25)**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
All patients	12	25.5	10	22.2	3	15.0	7	28.0
State publicly funded patients	31	66.0	15	33.3	6	30.0	9	36.0
County or locally funded patients	4	8.5	2	4.4	0	0.0	2	8.0
Medicaid patients	22	46.8	25	55.6	10	50.0	15	60.0
Adolescent patients	13	27.7	13	28.9	4	20.0	9	36.0
Other patient subgroups	9	19.1	7	15.6	4	20.0	3	12.0
No PPC required	4	8.5	9	20.0	6	30.0	3	12.0
Notes: Abbreviations: SUD 1115 refers to states with a SUD 1115 demonstration waiver. This question was not asked of SSAs and Medicaid agencies that reported they do not require the use of PPC. Respondents could select either "all patients" or a combination of the other responses for this question, so the percentages do not add to 100%.								

Types of Patient Placement Criteria and Assessment Tools

Providers and agencies use biopsychosocial assessment tools to guide their collection of client information. This information is then applied to the required PPC or guidelines for determining the needed treatments and LOC. Organizations differ in what placement criteria and assessment tools are required (***Exhibit 3***).

The most commonly required SUD PPC was the ASAM criteria, which was required by 41 SSAs (87.2%) and 33 Medicaid agencies (73.3%) (***Exhibit 3***). Use of the ASAM criteria was more frequently required among Medicaid agencies with an SUD 1115 Waiver than those without a waiver (84.0% vs. 60.0%). Only a small proportion of respondents said they required the use of other criteria and not the ASAM criteria (4.3% of SSAs and 6.7% of Medicaid agencies). These other criteria were typically state-specific.

Exhibit 3. PPC and Assessment Tools Required, by Type of State Organization								
PPC and Assessment Tools Required	**SSA Respondents (N=47)**		**Medicaid Respondents**					
			Overall (N=45)		**No SUD 1115 (N=20)**		**SUD 1115 (N=25)**	
	n	**%**	**n**	**%**	**n**	**%**	**N**	**%**
Patient Placement Criteria								
ASAM criteria only	38	80.9	31	68.9	11	55.0	20	80.0
ASAM and other criteria	3	6.4	2	4.4	1	5.0	1	4.0
Other criteria only	2	4.3	3	6.7	2	10.0	1	4.0
No PPC are required	4	8.5	9	20.0	6	30.0	3	12.0
Assessment Tools								
ASAM Continuum software	8	17.0	10	22.2	3	15.0	7	28.0
GAIN	2	4.3	5	11.1	0	0.0	5	20.0
ASI	7	14.9	7	15.6	2	10.0	5	20.0
ASI-Lite	1	2.1	3	6.7	0	0.0	3	12.0
TAP	3	6.4	3	6.7	0	0.0	3	12.0
Other	11	23.4	4	8.9	2	10.0	2	8.0
No specific assessment tools are required, but placement criteria are required	23	48.9	21	46.7	8	40.0	13	52.0
Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. Among those that required a specific assessment tool, 6 SSAs and 6 Medicaid agencies marked 2 or more assessment tools that are required within some part of their organization The assessment tool question was not asked of SSAs and Medicaid agencies that reported they do not require the use of PPC. Respondents could select multiple responses for the assessment tool question, so the percentages do not add up to 100%.								

Even though many organizations required the use of PPC, 48.9% of SSAs and 46.7% of Medicaid agencies did not require the use of a specific patient assessment tool (*Exhibit 3*). The most commonly required assessment tool was the ASAM Continuum (required by 17.0% of SSAs and 22.2% of Medicaid agencies). Within Medicaid agencies, a higher proportion of states with an SUD 1115 Waiver required the ASAM Continuum compared to those with no SUD 1115 Waiver (28.0% vs. 15.0%). Among state organizations that did not require the use of a specific assessment tool, the most commonly used tools were the ASI (27.7% of SSAs and 20.0% of Medicaid agencies) and the ASAM Continuum (17.0% of SSAs and 17.8% of Medicaid agencies; see *Appendix C, Table C-1*).

Resources for Using Patient Placement Criteria

SSAs appeared to offer more resources than Medicaid agencies to help providers implement and use required or recommended PPC (*Exhibit 4*). Online training was offered by 87.2% of SSAs but only 53.3% of Medicaid agencies. Ongoing technical assistance was the most common resource offered among Medicaid agencies (66.7%) and was provided by 80.9% of SSAs. Among Medicaid agencies, states that had an SUD 1115 Waiver more commonly offered

ongoing technical assistance and offered access to software as resources than states without an SUD 1115 Waiver.

	SSA Respondents (N=47)		Medicaid Respondents					
Exhibit 4. Resources Offered to Providers to Help Implement and Use PPC								
Resources Offered			**Overall (N=45)**		**No SUD 1115 (N=20)**		**SUD 1115 (N=25)**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
In-person training	37	78.7	17	37.8	8	40.0	9	36.0
Online training	41	87.2	24	53.3	9	45.0	15	60.0
Ongoing technical assistance	38	80.9	30	66.7	12	60.0	18	72.0
Printed documents and guidebooks	23	48.9	13	28.9	7	35.0	6	24.0
Electronic documents and guidebooks	17	36.2	14	31.1	6	30.0	8	32.0
Software or licenses to software	7	14.9	6	13.3	0	0.0	6	24.0
Incentives and grants to implement the criteria	7	14.9	5	11.1	2	10.0	3	12.0
Other resources	3	6.4	8	17.8	3	15.0	5	20.0
No resources are given to providers, but they are required or recommended to use PPC[a]	1	2.1	3	6.7	0	0.0	3	12.0
No PPC are required or recommended	0	0.0	3	6.7	3	15.0	0	0.0

Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver.
a. This question was not asked to those who said they do not require or recommend any PPC. Respondents could select multiple responses for this question, so the percentages do not add up to 100%. Other resources are specified in *Appendix C, Table C-7*.

Data Collection, Linking and Analysis

Uniform data elements collected by state organizations are necessary to plan for needed resources by LOC. SSAs typically collected a wider array of patient placement information than Medicaid agencies (*Exhibit 5*). Approximately 60% of SSAs reported three or more types of information that are recorded in a central data system, whereas 31.1% of Medicaid agencies reported three or more being recorded. Despite these differences, the most frequent data elements recorded by both organizations were the assessed SUD LOC (74.5% of SSAs and 42.2% of Medicaid agencies), and the initial SUD LOC placement (72.3% of SSAs and 44.4% of Medicaid agencies). More Medicaid agencies with an SUD 1115 Waiver recorded initial SUD LOC placement (52.0%) compared to those with no SUD 1115 Waiver (35.0%). The most comprehensive and detailed information, the clinical observations or itemized responses that detail need for services, were recorded and collected in 40.4% of SSA respondents and 24.4% of Medicaid respondents.

Exhibit 5. Type of Information That is Recorded in Data Systems Available to the State Organization, by Type of State Organization								
Type of Information Recorded	**SSA Respondents (N=47)**		**Medicaid Respondents**					
			Overall (N=45)		**No SUD 1115 (N=20)**		**SUD 1115 (N=25)**	
	n	**%**	**n**	**%**	**n**	**%**	**N**	**%**
Assessed SUD LOC based on the PPC and/or assessment tools	35	74.5	19	42.2	8	40.0	11	44.0
Assessment tool that was used by the provider	15	31.9	10	22.2	3	15.0	7	28.0
Initial SUD LOC placement	34	72.3	20	44.4	7	35.0	13	52.0
Reasons why the initial SUD LOC differs from the assessed LOC	23	48.9	9	20.0	3	15.0	6	24.0
Continued SUD LOC received by the patient	24	51.1	18	40.0	6	30.0	12	48.0
Clinical observations or itemized responses that detail the need for recommended services	19	40.4	11	24.4	4	20.0	7	28.0
None. No data are recorded or shared with my state organization, but PPC are required	3	6.4	11	24.4	4	20.0	7	28.0
No PPC are required	4	8.5	9	20.0	6	30.0	3	12.0
Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. Respondents could select multiple responses for this question, so the percentages do not add up to 100%. For additional details comparing these data by the criteria and assessment tools used see *Appendix C, Table C-2*.								

Many state organizations said they can link patient placement data to other data sources. For example, 72.3% of SSAs and 31.1% of Medicaid agencies reported the ability to link LOC data with TEDS NOMS (*Exhibit 6*). Seventy percent of SSAs and 46.7% of Medicaid agencies could also link their patient placement data with service utilization and billing data. This linkage can help determine whether the needed SUD treatment is being delivered to clients, and with what frequency. Many states reported several other linked datasets. 76.6% of SSAs and 37.8% of Medicaid agencies reported three or more datasets with which they can link their LOC data.

Exhibit 6. Other Client-level Data That can be Linked with LOC Data, by Type of State Organization								
Other Data That can be Linked to LOC Data	**SSA Respondents (N=47)**		**Medicaid Respondents**					
			Overall (N=45)		**No SUD 1115 (N=20)**		**SUD 1115 (N=25)**	
	n	**%**	**n**	**%**	**N**	**%**	**n**	**%**
EHRs	17	36.2	6	13.3	2	10.0	4	16.0
Service utilization and billing data	33	70.2	21	46.7	9	45.0	12	48.0
TEDS NOMS	34	72.3	14	31.1	5	25.0	9	36.0
GPRA NOMS	21	44.7	8	17.8	2	10.0	6	24.0
SAPT block grant NOMS	31	66.0	12	26.7	4	20.0	8	32.0
State-specific outcome measures	22	46.8	11	24.4	6	30.0	5	20.0
Program-specific outcome measures	20	42.6	9	20.0	3	15.0	6	24.0
Prior authorization determinations	16	34.0	12	26.7	6	30.0	6	24.0
Other client-level data	6	12.8	6	13.3	1	5.0	5	20.0
No client-level data can be linked with the patient placement data	1	2.1	0	0.0	0	0.0	0	0.0
Does not require PPC[a] or collect patient placement information	7	14.9	20	44.4	10	50.0	10	40.0
Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. a. PPC are not required among 4 SSAs and 6 Medicaid agencies with no SUD 1115, and 3 Medicaid agencies with an SUD 1115. Respondents could select multiple responses for this question, so the percentages do not add up to 100%.								

The majority of SSAs have used, or are planning to use, LOC data to determine service gaps and need for greater treatment capacity (74.5% of SSAs and 53.3% of Medicaid agencies; see *Exhibit 7*). SSAs and Medicaid agencies also conducted other analyses to assess service gaps and capacity needs. These analyses included creating needs assessments, mapping available treatments, monitoring access, monitoring waitlists, developing dashboards, exploring changes within providers, and understanding differences between the recommended and received levels of care. Some of the planned analyses reported by respondents include needs assessments, exploring override options, and licensing reviews. There did not appear to be substantial differences between the prevalence of analyses for Medicaid agencies with or without an SUD 1115. There were however, substantially more SSAs than Medicaid agencies that have conducted or will conduct these types of analyses.

Exhibit 7. Use of LOC Data to Determine Service Gaps and Need for Greater Capacity, by Type of State Organization								
	SSA Respondents (N=47)		Medicaid Respondents					
Use of LOC Data			Overall (N=45)		No SUD 1115 (N=20)		SUD 1115 (N=25)	
	n	%	n	%	n	%	n	%
Yes	23	48.9	16	35.6	7	35.0	9	36.0
No, but planning on it	12	25.5	8	17.8	3	15.0	5	20.0
No, and have no current plans to do this	5	10.6	1	2.2	0	0.0	1	4.0
Does not require PPC[a] or collect patient placement information	7	14.9	20	44.4	10	50.0	10	40.0

Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver.
a. PPC are not required among 4 SSAs and 6 Medicaid agencies with no SUD 1115, and 3 Medicaid agencies with an SUD 1115.

Possibility of Sharing Data

Sharing aggregate de-identified data can help HHS determine SUD treatment needs by LOC across multiple states. The majority of SSAs and Medicaid agencies said that they would be somewhat or very likely to share patient placement data with HHS (74.5% of SSAs and 53.3% of Medicaid agencies; see *Exhibit 8*). More than four out of five of those likely to share data used the ASAM criteria and recorded data about the assessed LOC. More than two-fifths of SSAs and Medicaid agencies likely to share data also captured the clinical observations or itemized responses of assessments within their data systems.

Collecting data from multiple states would be most valuable among organizations with comparable information. There were 15 SSAs and eight Medicaid agencies who required the use of the same criteria among their organization's funded patients and across all ASAM levels of care, collected the assessed LOC, and were somewhat or very likely to share their data. Of these organizations, only six SSAs and five Medicaid agencies all required the same assessment tool (the ASAM Continuum was the most common).

Exhibit 8. Likelihood That the Organization Would Share Aggregate De-identified Patient Placement Data with HHS, by Type of State Organization								
	SSA Respondents (N=47)		Medicaid Respondents					
Likelihood of Sharing Data			Overall (N=45)		No SUD 1115 (N=20)		SUD 1115 (N=25)	
	n	%	n	%	n	%	N	%
Very likely	18	38.3	9	20.0	4	20.0	5	20.0
Somewhat likely	17	36.2	15	33.3	6	30.0	9	36.0
Somewhat unlikely	3	6.4	1	2.2	0	0.0	1	4.0
Very unlikely	1	2.1	0	0.0	0	0.0	0	0.0
Does not require PPC or collect patient placement information, or no response[a]	8	17.0	20	44.4	10	50.0	10	40.0

Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver.
a. This question was optional and there was 1 SSA that chose not to respond to this question.

DISCUSSION

Information on treatment needs by LOC can guide state and federal resource planning to help reduce barriers to care. This study gathered information from SSAs and Medicaid agencies regarding their use of placement criteria, assessment tools, data collection processes, and analyses of need by LOC. Nearly all SSAs and Medicaid agencies require providers to use PPC for determining need by LOC. For SSAs, this requirement has not changed significantly since the last time these data were collected 15 years ago (84% of SSAs in 2005 and 91% of SSAs in this study).[11] A major change that has taken place over the years is the increased use and requirement of ASAM criteria. In 2005, 59% of SSAs required the use of ASAM criteria, and this study found that 87% of SSA respondents and 73% of Medicaid agency respondents now require the use of ASAM criteria.

This increased use of ASAM criteria implies that there is increased standardization around the approach to placing individuals into SUD treatment. The benefits this brings are unclear. One benefit is that it allows for more comparable definitions of need and of the treatment resources, or levels of care, required to address that need. Greater uniformity in PPC may also help reduce inequities, but this has not yet been shown in the literature. Many studies have found benefits related to matching individuals to an appropriate ASAM LOC, but they were not specifically studying the impact of using ASAM criteria over other approaches to determining appropriate treatment needs.[5-8]

One of the things this study found that may affect the implementation of PPC is that nearly half of SSAs and Medicaid agencies do not require the use of a specific assessment tool to inform patient placement. Discussions with subject matter experts highlight substantial variation in approaches to assessing treatment needs.[10] These discussions suggested that even though some providers are using the ASAM criteria, they are not always implemented with fidelity and placement recommendations can be influenced by the availability of services offered by the assessing provider. Assessment tools can help standardize the evidence that is gathered to determine treatment needs; however, their rigidity may also impact the rapport that a provider is able to develop with a client. More research needs to be done on the value and impact of using standardized assessment tools to determine SUD treatment needs.

This study also found many variations in the patient populations and levels of care for which PPC were required, and the patient placement information collected by state organizations. For example, only two-fifths of SSAs and about one-quarter of Medicaid agencies gather clinical observations that detail the need for recommended services. Variation in each of these aspects of implementation and monitoring patient placement can limit the comparability of data across multiple states. This limited comparability also impacts the ability to use the data for federal resource planning and to develop generalizable results for the country.

States are using a variety of approaches to support fidelity to their required PPC and assessment tools. Online training and ongoing technical assistance are the most common

resources offered by SSAs and Medicaid agencies to providers; however, these are offered much more frequently by SSAs than Medicaid agencies. This highlights a potential opportunity within states to share resources across both agencies. HHS could also potentially work with states to gather their digital content and resources into a single location for states to use with their providers. A potential limitation, however, is that this library of resources may not be able to include proprietary content regarding ASAM criteria or specific assessment tools.

A significant contribution of this study is that it details what data states are collecting regarding SUD patient placement. The data collected by states can help increase the uniformity of patient placement practices, establish accountability with providers, and it can be used to understand the distribution of treatment needs by LOC. Once the need is well understood, then states can determine whether sufficient resources are being allocated to meet those needs. Almost three-quarters of SSAs collected data on the need for, and receipt of, specific levels of care; however, less than one-half of Medicaid agencies collected this information. We found that the HHS Centers for Medicare & Medicaid Services can influence the collection of this information as was demonstrated by higher prevalence of data collection among states with an SUD 1115.

There are also several opportunities to conduct meaningful analyses with the patient placement data and other linkable datasets. For example, 70% of SSAs and 47% of Medicaid agencies can link patient placement information with billing and utilization data. Studies can use these linkages to examine the impact of appropriate patient placement on costs. Treatment outcomes could also be explored among clients who are recommended a LOC and either do not receive it or end up receiving a different LOC. These are studies that may be valuable to HHS, especially if they can highlight ways to improve care and save money.

Many states reported that they are already starting to conduct analyses of patient placement information to identify service gaps and need for capacity. In a previous environmental scan done for ASPE, not many of these analyses were found to be publicly available.[12] Now that specific states have been identified as doing these analyses, a learning collaborative could be established to gather and showcase the results of these needs assessments. Sharing this information can inspire states to think of new ways to analyze the data they are currently collecting. It can also highlight the value of collecting patient placement data to those states who are still working to do so.

This study also identified an opportunity for HHS to collect aggregate de-identified patient placement data across multiple states. More than one-half of SSAs and Medicaid agencies expressed some willingness to do so. Pooling this information together can allow for an evaluation of SUD treatment needs across multiple states and levels of care. This could allow HHS to determine whether there are patterns of need that would best be addressed through a provision of national resources.

Some of the major strengths of this study are that it included perspectives from both the SSAs and the Medicaid agencies, and we achieved high response rates among both types of

organizations. Additional contextual information provided by the state organizations is included in *Appendix C*. One limitation of this study is that in fielding the survey there was overlap between the SSA respondents and the Medicaid respondents. Some of the Medicaid agencies forwarded their survey to an SSA representative to complete due to their oversight responsibility for SUD services. In these situations, we confirmed with the SSA representative that they filled out the survey from a Medicaid perspective. Another limitation is that there are a few state organizations for which we do not have responses to the survey, and we cannot generalize these results to those organizations.

In conclusion, states are making substantial progress in requiring uniform PPC. There is, however, substantial variability in the use of assessment tools and adoption of the criteria. Many states are collecting uniform measures on the SUD LOC needed by clients. These data are being used by individual states to explore gaps in services and need for greater capacity. HHS can play a valuable role in pooling resources and datasets that span multiple states. This pooling of information can help identify recurring patterns of gaps in treatment needs and opportunities to address them.

REFERENCES

1. Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/.

2. Kochanek, K.D., Murphy, S.L., Xu, J., & Arias, E. (2019). Deaths: Final data for 2017. *Natl Vital Stat Rep, 68*(9), 1-77. https://www.ncbi.nlm.nih.gov/pubmed/32501199.

3. Jones, C.M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015, Aug). National and state treatment need and capacity for opioid agonist medication-assisted treatment. *American Journal for Public Health, 105*(8), e55-e63. https://doi.org/10.2105/AJPH.2015.302664.

4. Andrilla, C.H.A., Moore, T.E., Patterson, D.G., & Larson, E.H. (2019). Geographic distribution of providers with a DEA waiver to prescribe buprenorphine for the treatment of opioid use disorder: A 5-year update. *Journal of Rural Health, 35*, 108-112.

5. Angarita, G.A., Reif, S., Pirard, S., Lee, S., Sharon, E., & Gastfriend, D.R. (2007). No-show for treatment in substance abuse patients with comorbid symptomatology: Validity results from a controlled trial of the ASAM Patient Placement Criteria. *Journal of Addiction Medicine, 1*(2), 79-87. https://doi.org/10.1097/ADM.0b013e3180634c1d.

6. Stallvik, M., Gastfriend, D.R., & Nordahl, H.M. (2015). Matching patients with substance use disorder to optimal level of care with ASAM Criteria software. *Journal of Substance Use, 20*, 389-398.

7. Sharon, E., Krebs, C., Turner, W., Desai, N., Binus, G., Penk, W., & Gastfriend, D.R. (2003). Predictive validity of the ASAM Patient Placement Criteria for hospital utilization. *Journal of Addictive Diseases, 22*(Suppl 1), 79-93. https://doi.org/10.1300/j069v22s01_06.

8. Magura, S., Staines, G., Kosanke, N., Rosenblum, A., Foote, J., DeLuca, A., & Bali, P. (2003, Oct-Dec). Predictive validity of the ASAM Patient Placement Criteria for naturalistically matched vs. mismatched alcoholism patients. *American Journal on Addictions, 12*(5), 386-397. https://www.ncbi.nlm.nih.gov/pubmed/14660153.

9. Kolsky, G.D. (2006). *Current state AOD agency practices regarding the use of Patient Placement Criteria (PPC)--An update.* Retrieved June 11, 2020, from https://nasadad.org/nasadad-reports/.

10. Richardson, J.S., Cowell, A., Villeneuve, E., Hinde, J., Olmsted, K.R., & Karon, S. (2019). *Understanding Substance Use Disorder (SUD) Treatment Needs Using Assessment Data*. O.o.t.A.S.f.P.a. Evaluation.

11. Katch, H., & Solomon, J. (2018). *Repealing Medicaid exclusion for institutional care risks worsening services for people with substance use disorders*.

12. MACPAC. (2020). *Section 1115 waivers for substance use disorder treatment.* MACPAC. Retrieved June 11, 2020, from https://www.macpac.gov/subtopic/section-1115-waivers-for-substance-use-disorder-treatment/.

This Appendix shows a text version, followed by a screen shot of each electronic page.

Form Approved
OMB No. 0990-0474
Expiration Date 08/31/2021

Thank you for agreeing to help the US Department of Health and Human Services (HHS) understand patient placement requirements for substance use disorder (SUD) treatment throughout the nation. Your participation in this survey is voluntary and you may stop at any time. This survey includes up to 17 questions and is anticipated to take approximately 10 minutes to complete. If you need to stop in the middle, you can re-enter the survey using the same link sent to you in the introductory letter/email. Please complete the survey within two weeks of when you received the introductory letter. To help ensure confidentiality, no identifying information will be requested of you in this survey. Your name will not be linked to any of the responses provided or analyses conducted. Responses for your organization will be kept private to the extent provided by law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0474 The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

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Form Approved

OMB No. 0990-0474

Expiration Date 08/31/2021

Thank you for agreeing to help the US Department of Health and Human Services (HHS) understand patient placement requirements for substance use disorder (SUD) treatment throughout the nation. Your participation in this survey is voluntary and you may stop at any time. This survey includes up to 17 questions and is anticipated to take approximately 10 minutes to complete. If you need to stop in the middle, you can re-enter the survey using the same link sent to you in the introductory letter/email. Please complete the survey within two weeks of when you received the introductory letter. To help ensure confidentiality, no identifying information will be requested of you in this survey. Your name will not be linked to any of the responses provided or analyses conducted. Responses to your organization will be kept private to the extent provided by law.

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Next Page >>

1. Please fill in the following information:

Your state: [List of states and DC in a drop-down menu]

Your organization:

☐Single State Agency (SSA) for Substance Use Services
☐State Medicaid Authority

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

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Please fill in the following information:

1 Your state:

* must provide value

[   ] ▽

Your organization:

* must provide value

Single State Agency (SSA) For Substance Use Services

State Medicaid Authority

reset

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For the purposes of this survey, please use the following definitions for "SUD patient placement criteria" and "assessment tools":

1. **SUD patient placement criteria:** Standards to guide referral to a level of care based on the patient's needs. Referral can be made during the intake assessment or from a referring doctor or substance use disorder service provider.

2. Biopsychosocial **assessment tools:** Structured or semi-structured questions used to determine the recommended intensity and level of care and the composition of the treatment plan. The term biopsychosocial means that the recommendation accounts for physical factors, factors relating to the brain or mind, and factors concerning relationships.

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

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Section 1: Placement Criteria

2. Does your organization require or recommend the use of patient placement criteria?

    ☐Criteria are required uniformly across the state
    ☐Criteria are required, but requirements vary by county or local jurisdiction
    ☐Criteria are recommended but not required → GO TO 14
    ☐No criteria are recommended or required → GO TO 15

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

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Section 1: Placement Criteria

2. Does your organization require or recommend the use of patient placement criteria?

* must provide value

Criteria are required uniformly across the state
Criteria are required, but requirements vary by county or local jurisdiction
Criteria are recommended but not required
No criteria are recommended or required

reset

[<< Previous Page]   [Next Page >>]

[Save & Return Later]

Section 1: Placement Criteria

3. What mechanisms are used by your organization to require the use of patient placement criteria? (Check all that apply)

☐Contracts
☐Licensure regulations
☐State statutes
☐Other requirements

[If "other" is selected] Please specify what other mechanisms are used:

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Section 1: Placement Criteria

3. What mechanisms are used by your organization to require the use of patient placement criteria? (Check all that apply):

* must provide value

⊕ Contracts

⊕ Licensure regulations

⊕ State statutes

✓ **Other requirements**

Please specify what other mechanisms are used:

* must provide value

Expand

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Section 1: Placement Criteria

4. For which groups does your organization require the use of patient placement criteria? (Check all that apply)

□State publicly funded patients
□County or locally funded patients
□Medicaid patients
□Adolescent patients
□Other patient subgroups

[If "Other patient subgroups" is selected] Please specify the other subgroups for which patient placement criteria are required: _____

□All patients

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

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Section 1: Placement Criteria

4. For which groups does your organization require the use of patient placement criteria? (Check all that apply):

* must provide value

+ State publicly funded patients

+ County or locally funded patients

+ Medicaid patients

+ Adolescent patients

✔ Other patient subgroups

+ All patients

Please specify the other subgroups for which patient placement criteria are required:

* must provide value

Expand

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Save & Return Later

Section 1: Placement Criteria

5. What SUD placement criteria does your organization require providers to use? (Check all that apply)

☐American Society of Addiction Medicine (ASAM) criteria → GO TO 7

[If this response is checked, even if they select both, do not ask Q6]

☐Other criteria (e.g., state-specific criteria)

[If "other is selected] Please describe what other criteria are required by your organization: _____

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

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Section 1: Placement Criteria

5. What SUD placement criteria are providers required to use? (Check all that apply)

* must provide value

（＋） American Society of Addiction Medicine (ASAM) criteria

✓ Other (e.g., state-specific criteria)

Please describe what other criteria are required by your organization:

* must provide value

Expand

<< Previous Page   Next Page >>

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Section 1: Placement Criteria

6. Does your organization define levels of care that can crosswalk with the ASAM Levels of Care?

     ☐Yes
     ☐No

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Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Section 1: Placement Criteria

6. Does your organization define levels of care that can crosswalk with the ASAM Levels of Care?

* must provide value

Yes

No

reset

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Save & Return Later

Section 2: Placement Assessments

7. Are providers who are funded or regulated by your organization also required to use a state accepted assessment tool to inform patient placement?

     ☐Yes
     ☐No

Section 2: Placement Assessments

7. Are providers who are funded or regulated by your organization also required to use a state accepted assessment tool to inform patient placement?

* must provide value

Yes
No

reset

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Save & Return Later

8 [Show if "yes" is selected in 7] What assessment tool(s) are providers required to use? (Check all that apply)

　　□ASAM Continuum software
　　□Global Appraisal of Individual Needs (GAIN)
　　□Addiction Severity Index (ASI)
　　□ASI-Lite
　　□Treatment Assignment Protocol (TAP)
　　□Other

[If "other" is selected] Please specify what other assessment tool(s) are used to help determine the level of care: _____

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

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Section 2: Placement Assessments

7. Are providers who are funded or regulated by your organization also required to use a state accepted assessment tool to inform patient placement?
* must provide value

| Yes |
| No |

reset

8. What assessment tool(s) are providers required to use? (Check all that apply)
* must provide value

⊕ ASAM Continuum software

⊕ Global Appraisal of Individual Needs (GAIN)

⊕ Addiction Severity Index (ASI)

⊕ ASI-Lite

⊕ Treatment Assignment Protocol (TAP)

✓ Other

Please specify what other assessment tool(s) are used to help determine the level of care:
* must provide value

Expand

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Save & Return Later

8 [Show if "no" is selected in 7] What assessment tool(s) do providers typically use? (Check all that apply)

☐ASAM Continuum software
☐Global Appraisal of Individual Needs (GAIN)
☐Addiction Severity Index (ASI)
☐ASI-Lite
☐Treatment Assignment Protocol (TAP)
☐Other

[If "other" is selected] Please specify what other assessment tool(s) are used to help determine the level of care: _____

☐I do not know

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Section 2: Placement Assessments

7. Are providers who are funded or regulated by your organization also required to use a state accepted assessment tool to inform patient placement?
> must provide value

Yes

No

reset

8. What assessment tool(s) do providers typically use? (Check all that apply)
> must provide value

⊕ ASAM Continuum software

⊕ Global Appraisal of Individual Needs (GAIN)

⊕ Addiction Severity Index (ASI)

⊕ ASI-Lite

⊕ Treatment Assignment Protocol (TAP)

✓ Other

⊕ I do not know

Please specify what other assessment tool(s) are used to help determine the level of care:
> must provide value

Expand

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Save & Return Later

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Section 2: Placement Assessments

9. Does your organization require a patient placement assessment for the following ASAM or other levels of care? (Check a response for each applicable row)

	Placement Assessment Is Required for Patients Funded by My Organization	Placement Assessment Is Required for All Patients	Placement Assessment Is Not Required
All ASAM levels of care that are listed below	☐	☐	☐
0.5 Early intervention	☐	☐	☐
1 Outpatient services	☐	☐	☐
1-WM Ambulatory withdrawal management without extended on-site monitoring	☐	☐	☐
2.1 Intensive outpatient services	☐	☐	☐
2.5 Partial hospitalization	☐	☐	☐
2-WM Ambulatory withdrawal management with extended on-site monitoring	☐	☐	☐
3.1 Clinically managed low-intensity residential services	☐	☐	☐
3.2-WM Clinically managed residential withdrawal management	☐	☐	☐
3.3 Clinically managed population-specific high-intensity residential services	☐	☐	☐
3.5 Clinically managed high-intensity residential services	☐	☐	☐
3.7 Medically monitored intensive inpatient services	☐	☐	☐
3.7-WM Medically monitored inpatient withdrawal management	☐	☐	☐
4 Medically managed intensive inpatient services	☐	☐	☐
4-WM Medically managed intensive inpatient withdrawal management	☐	☐	☐
Opioid treatment services	☐	☐	☐
Other levels of care	☐	☐	☐

[If "other" is selected] Please specify what other levels of care have a placement assessment requirement for those funded by your organization or for all patients: _____

WM= Withdrawal management

Section 2: Placement Assessments

9. Does your organization require a patient placement assessment for the following ASAM or other levels of care? (Check a response for each applicable row)

	Placement Assessment Is Required For Patients Funded By My Organization	Placement Assessment Is Required For All Patients	Placement Assessment Is Not Required
All ASAM levels of care that are listed below	○	○	○
			reset
0.5 Early intervention	○	○	○
			reset
1 Outpatient services	○	○	○
			reset
1-WM Ambulatory withdrawal management without extended on-site monitoring	○	○	○
			reset
2.1 Intensive outpatient services	○	○	○
			reset
2.5 Partial hospitalization	○	○	○
			reset
2-WM Ambulatory withdrawal management with extended on-site monitoring	○	○	○
			reset
3.1 Clinically managed low-intensity residential services	○	○	○
			reset
3.2-WM Clinically managed residential withdrawal management	○	○	○
			reset
3.5 Clinically managed high-intensity residential services	○	○	○
			reset
3.7 Medically monitored intensive inpatient services	○	○	○
			reset
3.7-WM Medically monitored inpatient withdrawal management	○	○	○
			reset
4 Medically managed intensive inpatient services	○	○	○
			reset
4-WM Medically managed intensive inpatient withdrawal management	○	○	○
			reset
Opioid Treatment Services	○	○	○
			reset
Other levels of care	●	○	○
			reset

Please specify what other levels of care have a placement assessment requirement for those funded by your organization or for all patients:
* must provide value

[   ]

Expand

WM= Withdrawal management

[<< Previous Page]   [Next Page >>]

[Save & Return Later]

Section 3: Data

10. Among clients served by your organization, what information from the patient placement criteria and/or assessment tools is recorded in data systems available to your state organization? (Check all that apply)

☐ Assessed SUD level of care based on the patient placement criteria and/or assessment tools

☐ Assessment tool that was used by the provider

☐ Initial SUD level of care placement

☐ Reasons why the initial SUD level of care differs from the assessed level of care (e.g., service not available locally)

☐ Continued SUD level of care received by the patient

☐ Clinical observations or itemized responses that detail the need for recommended services (e.g., raw data from the criteria or assessments)

☐ None. No data related to patient placement criteria and/or assessment tools are recorded in data systems available to my state organization. [This response is mutually exclusive; if this box is checked, no others can be selected.] → GO TO 14

Section 3: Data

10. Among clients served by your organization, what information from the patient placement criteria and/or assessment tools is recorded in data systems available to your state organization? (Check all that apply):

* must provide value

⊕ Assessed SUD level of care based on the patient placement criteria and/or assessment tools

⊕ Assessment tool that was used by the provider

⊕ Initial SUD level of care placement

⊕ Reasons why the initial SUD level of care differs from the assessed level of care (e.g., service not available locally)

⊕ Continued SUD level of care received by the patient

⊕ Clinical observations or itemized responses that detail the need for recommended services (e.g., raw data from the criteria or assessments)

⊕ None. No data related to patient placement criteria and/or assessment tools are recorded in data systems available to my state organization.

[<< Previous Page]   [Next Page >>]

[Save & Return Later]

Section 3: Data

11. What other client-level data can be linked with level of care data that is available to your organization? (Check all that apply)

       ☐Electronic health records
       ☐Service utilization or billing data (e.g., administrative claims)
       ☐Treatment Episode Data Set (TEDS) National Outcome Measures (NOMS)
       ☐Government Performance and Results Act (GPRA) NOMS
       ☐Substance Abuse Prevention and Treatment Block Grant NOMS
       ☐State-specific outcome measures
       ☐Program-specific outcome measures
       ☐Prior authorization determinations
       ☐Other client-level data

[If "other" is selected] Please specify what other client-level data can be linked with the patient placement data: _____

☐No client-level data can be linked with the patient placement data [This response is mutually exclusive; if this box is checked, no others can be selected.]

Section 3: Data

11. What other client-level data can be linked with level of care data that is available to your organization? (check all that apply):

* must provide value

⊕ Electronic health records

⊕ Service utilization or billing data (e.g., administrative claims)

⊕ Treatment Episode Data Set (TEDS) National Outcome Measures (NOMS)

⊕ Government Performance and Results Act (GPRA) NOMS

⊕ Substance Abuse Prevention and Treatment Block Grant NOMS

⊕ State-specific outcome measures

⊕ Program-specific outcome measures

⊕ Prior authorization determinations

✓ Other client-level data

⊕ No client-level data can be linked with the patient placement data

Please specify other client-level data can be linked with the patient placement data:
* must provide value

Expand

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Save & Return Later

Section 3 Data:

12. Has your organization used level of care data to help determine service gaps and need for greater capacity?

☐Yes

[If "yes" is selected] Please explain how your organization has used level of care data to help determine service gaps and need for greater capacity: _____

☐No, but we are planning on it

[If "no, but we are planning on it" is selected] Please explain how your organization plans to use level of care data to help determine service gaps and need for greater capacity: _____

☐No, we have no current plans to do this

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Section 3: Data

12. Has your organization used level of care data to help determine service gaps and need for greater capacity?
* must provide value

> Yes

> No, but we are planning on it

> No, we have no current plans to do this

reset

Please explain how your organization has used level of care data to help determine service gaps and need for greater capacity
* must provide value

Expand

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Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Section 3: Data

12. Has your organization used level of care data to help determine service gaps and need for greater capacity?

* must provide value

Yes

No, but we are planning on it

No, we have no current plans to do this

reset

Please explain, how your organization plans to use level of care data to help determine service gaps and need for greater capacity:

* must provide value

Expand

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Section 3: Data

13. How likely is it that your state organization would share aggregate de-identified patient placement data with HHS to examine the distribution of SUD needs by levels of care across the United States?

☐Very likely
☐Somewhat likely
☐Somewhat unlikely
☐Very unlikely

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Section 3: Data

13. How likely is it that your state organization would share aggregate de-identified patient placement data with HHS to examine the distribution of SUD needs by levels of care across the United States?

Very likely

Somewhat likely

Somewhat unlikely

Very unlikely

reset

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Section 4: Resources and Other Guidelines

14. What resources does your organization offer providers to help implement and use patient placement criteria? (Check all that apply)

☐In-person training
☐Online training
☐Ongoing technical assistance
☐Printed documents and guidebooks
☐Electronic documents and guidebooks
☐Software or licenses to software
☐Incentives and grants to implement the criteria
☐Other resources *(please specify)*:Click or tap here to enter text.
☐No resources are given to providers (This response is mutually exclusive, if this box is checked, no others can be selected)

Section 4: Resources and Other Guidelines

14. What resources does your organization offer providers to help implement and use patient placement criteria? (Check all that apply)
* must provide value

⊕ In-person training

⊕ Online training

⊕ Ongoing technical assistance

⊕ Printed documents and guidebooks

⊕ Electronic documents and guidebooks

⊕ Software or licenses to software

⊕ Incentives and grants to implement the criteria

✓ Other resources

⊕ No resources are given to providers

Please specify what other resources are offered to providers
* must provide value

[text box]

Expand

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Section 4: Resources and Other Guidelines

15. Other than SUD patient placement criteria and standardized assessment tools, does your organization have any other guidelines for providers regarding the initial SUD assessment and placement process?

☐Yes

[If "yes" is selected] Please describe what other guidelines your organization has established: _____

☐No

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Section 4: Resources and Other Guidelines

15. Other than SUD patient placement criteria and standardized assessment tools, are any other guidelines given to providers regarding the initial SUD assessment and placement process?

* must provide value

Yes

No

reset

Please describe what other guidelines your organization has established:

* must provide value

Expand

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Section 5: Contextual Information

16. Please share links to any documents or websites regarding the patient placement criteria, assessment tools, and guidelines required by your state organization: _____

Section 5: Contextual Information

17. Please share any other contextual information that may be impacting your organization's current patient placement and data collection practices: _____

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Section 5: Contextual Information

17. Please share any other contextual information that may be impacting your organization's current patient placement and data collection practices:

Expand

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Thank you for your responses to this survey!

Close survey

Thank you for your responses to this survey!

Download your survey response (PDF):   📄 Download

Appendix B: Introductory Letter

RTI International
3040 Cornwallis Road
RTP
NC 2770

National Association of State
Alcohol and Drug Abuse Directors
1919 Pennsylvania Avenue NW
Suite M-250
Washington, DC 20006

[Date]

Dear [name]:

The federal Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the Department of Health and Human Services (HHS) seeks to understand what patient placement data states collect and maintain, and the degree to which the data can be used to examine the SUD treatment needs and gaps across the United States. ASPE has contracted with RTI International and its partner, the National Association of State Alcohol and Drug Abuse Directors (NASADAD), to conduct a brief survey on this topic.

We ask for your help by completing the attached survey on your organization's use and requirements for SUD patient placement criteria, practices, and data collection.

We expect it to only take about ten minutes of your time. Please use this link to access the survey and complete the 17-question survey by [Date + 14 days]: [link]. If you have questions or concerns, please contact Dr. John Richardson at RTI International via telephone at 919-316-3528 or email at jsrichardson@rti.org.

Thank you in advance for helping us in this important endeavor!

Sincerely,

[signature]

Table C-1. Non-mandated Assessment Tools Typically Used by Providers								
Assessment Tools Typically Used	SSA Respondents (N=47)		Medicaid					
			Overall (N=45)		No SUD 1115 (N=20)		SUD 1115 (N=25)	
	n	%	n	%	n	%	n	%
ASAM Continuum software	8	17.0	8	17.8	2	10.0	6	24.0
GAIN	9	19.1	8	17.8	3	15.0	5	20.0
ASI	13	27.7	9	20.0	2	10.0	7	28.0
ASI-Lite	6	12.8	4	8.9	1	5.0	3	12.0
TAP	2	4.3	2	4.4	0	0.0	2	8.0
Other	8	17.0	6	13.3	2	10.0	4	16.0
Do not know	6	12.8	6	13.3	2	10.0	4	16.0

Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. This question was only asked to the 23 SSAs and 21 Medicaid agencies (8 No SUD 1115, and 13 SUD 1115) who said they did not require specific assessment tools but required the use of PPC.

Table C-2. Number of State Organizations by Information Recorded in Data Systems and Required Placement Criteria and Assessment Tools										
Information Recorded in Data Systems Available to the State Organization	Type of Respondent	Required Placement Criteria			Required Assessment Tools					
		ASAM Criteria Only	ASAM and Other Criteria	Other Criteria Only	ASAM Continuum	GAIN	ASI	ASI-Lite	TAP	Other
Assessed SUD LOC based on the PPC and/or assessment tools	SSA	31	3	1	7	2	7	1	3	8
	Medicaid	17	1	1	5	3	5	2	2	3
Assessment tool that was used by the provider	SSA	12	2	1	7	1	5	1	2	3
	Medicaid	8	1	1	5	3	4	2	2	2
Initial SUD LOC placement	SSA	30	3	1	8	2	6	1	3	6
	Medicaid	15	2	3	6	4	5	2	2	2
Reasons why the initial SUD LOC differs from the assessed LOC	SSA	19	3	1	6	2	6	1	3	7
	Medicaid	7	1	1	4	3	4	2	2	3
Continued SUD LOC received by the patient	SSA	21	2	1	7	1	5	1	2	6
	Medicaid	13	2	3	5	4	5	2	2	3
Clinical observations or itemized responses that detail the need for recommended services	SSA	15	3	1	5	2	5	1	2	4
	Medicaid	9	1	1	4	3	4	2	2	3

Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. This table only includes information from 40 SSAs and 25 Medicaid agencies, because 7 SSAs and 20 Medicaid agencies do not require PPC or collect patient placement information. Respondents could check multiple responses for the questions related to information required and the type of required assessment tool.

Table C-3. Number of State Organizations by Type of Required Placement Criteria or Assessment Tools and Their Likelihood of Sharing Aggregate De-identified Data					
Required Placement Criteria or Assessment Tools	**State Organization**	**Likelihood of Sharing Aggregate De-identified Data with HHS**			
		Very Likely	**Somewhat Likely**	**Somewhat Unlikely**	**Very Unlikely**
Criteria: ASAM criteria only	SSA	16	15	3	1
	Medicaid	9	11	0	0
Criteria: ASAM and other criteria	SSA	2	1	0	0
	Medicaid	0	1	1	0
Criteria: Other criteria only	SSA	0	1	0	0
	Medicaid	0	3	0	0
Assessment: ASAM Continuum	SSA	3	5	0	0
	Medicaid	2	5	0	0
Assessment: GAIN	SSA	1	1	0	0
	Medicaid	2	2	0	0
Assessment: ASI	SSA	6	1	0	0
	Medicaid	2	4	0	0
Assessment: ASI-Lite	SSA	0	1	0	0
	Medicaid	0	2	0	0
Assessment: TAP	SSA	2	1	0	0
	Medicaid	0	2	0	0
Assessment: Other	SSA	6	2	0	0
	Medicaid	1	2	0	0
Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. This table only includes information from 39 SSAs and 25 Medicaid agencies, because 8 SSAs and 20 Medicaid agencies did not have data to share or did not respond to the question. Respondents could check multiple responses for the question related to required assessment tools.					

Table C-4. Number of State Organizations by Type of Information Recorded in Data Systems and Their Likelihood of Sharing Aggregate De-identified Data					
Information Recorded in Data Systems Available to State Organization	**State Organization**	**Likelihood of Sharing Aggregate De-identified Data with HHS**			
		Very Likely	**Somewhat Likely**	**Somewhat Unlikely**	**Very Unlikely**
Assessed SUD LOC based on PPC or Assessment Tools	SSA	18	14	1	1
	Medicaid	8	10	1	0
Assessment tool that was used by the provider	SSA	7	7	0	1
	Medicaid	3	6	1	0
Initial SUD LOC placement	SSA	14	16	2	1
	Medicaid	5	14	1	0
Reasons why the initial SUD LOC differs from the assessed LOC	SSA	12	10	0	1
	Medicaid	4	4	1	0
Continued SUD LOC received by the patient	SSA	11	10	1	1
	Medicaid	7	10	1	0
Clinical observations or itemized responses that detail the need for recommended services	SSA	10	7	1	0
	Medicaid	5	5	1	0
Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. This table only includes information from 39 SSAs and 25 Medicaid agencies, because 8 SSAs and 20 Medicaid agencies did not have data to share or did not respond to the question. Respondents could check multiple responses for the question related to information recorded.					

Table C-5. Number of SSAs Requiring SUD PPC by ASAM or Other LOCs			
LOCs	Placement Assessment is Required for Patients Funded by My Organization	Placement Assessment is Required for All Patients	Placement Assessment is not Required
All ASAM LOCs that are listed below	17	11	2
0.5: Early intervention	2	0	6
1: Outpatient services	9	2	2
1-WM: Ambulatory withdrawal management without extended on-site monitoring	3	2	1
2.1: Intensive outpatient services	8	3	0
2.5: Partial hospitalization	7	2	1
2-WM: Ambulatory withdrawal management with extended on-site monitoring	4	2	1
3.1: Clinically managed low-intensity residential services	10	3	0
3.2-WM: Clinically managed residential withdrawal management	9	2	0
3.3: Clinically managed population-specific high-intensity residential services	0	0	0
3.5: Clinically managed high-intensity residential services	10	3	0
3.7: Medically monitored intensive inpatient services	6	3	0
3.7-WM: Medically monitored inpatient withdrawal management	7	2	1
4: Medically managed intensive inpatient services	3	2	0
4-WM: Medically managed intensive inpatient withdrawal management	3	2	1
Other Levels	1	3	5
Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. In addition to the LOCs listed above, 8 SSA's said that placement assessment is required for opioid treatment services among patients funded by the organization, 3 said placement assessment is required for opioid treatment services among all patients, and 1 said that placement assessment is not required for opioid treatment services. This question was not asked among the 4 SSAs who did not require PPC. Respondents could check multiple responses for this question.			

Table C-6. Number of State Medicaid Organizations Requiring SUD PPC by ASAM or Other LOCs						
LOCs	**Placement Assessment is Required for Patients Funded by My Organization**		**Placement Assessment is Required for All Patients**		**Placement Assessment is not Required**	
	No SUD 1115	**SUD 1115**	**No SUD 1115**	**SUD 1115**	**No SUD 1115**	**SUD 1115**
All ASAM LOCs that are listed below	4	8	4	6	0	0
0.5: Early intervention	1	1	0	0	2	4
1: Outpatient services	3	3	1	3	1	1
1-WM: Ambulatory withdrawal management without extended on-site monitoring	1	1	0	2	0	3
2.1: Intensive outpatient services	4	4	1	3	0	0
2.5: Partial hospitalization	3	3	1	2	1	1
2-WM: Ambulatory withdrawal management with extended on-site monitoring	2	3	0	0	0	1
3.1: Clinically managed low-intensity residential services	4	4	1	3	0	0
3.2-WM: Clinically managed residential withdrawal management	3	3	1	1	0	0
3.3: Clinically managed population-specific high-intensity residential services	0	0	0	0	0	0
3.5: Clinically managed high-intensity residential services	5	4	0	3	0	0
3.7: Medically monitored intensive inpatient services	3	3	1	3	0	1
3.7-WM: Medically monitored inpatient withdrawal management	4	3	0	1	0	2
4: Medically managed intensive inpatient services	1	2	0	2	0	1
4-WM: Medically managed intensive inpatient withdrawal management	1	1	0	0	0	2
Other Levels	2	0	0	1	4	2

Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver. In addition to the LOCs listed above, 4 Medicaid agencies said that placement assessment is required for opioid treatment services among patients funded by the organization, 2 said placement assessment is required for opioid treatment services among all patients, and 2 said that placement assessment is not required for opioid treatment services. This question was not asked among the 6 Medicaid agencies with no SUD 1115, and 3 Medicaid agencies with an SUD 1115 who did not require PPC. Respondents could check multiple responses for the question.

Table C-7. Whether Organization has any Other Guidelines for Providers Regarding the Initial SUD Assessment and Placement Process								
Other Guidelines Given to Providers	**SSA Respondents (N=47)**		**Medicaid**					
			Overall (N=45)		**No SUD 1115 (N=20)**		**SUD 1115 (N=25)**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Yes	21	44.7	17	37.8	9	45.0	8	32.0
No	26	55.3	28	62.2	11	55.0	17	68.0

Notes: SUD 1115 refers to states with a SUD 1115 demonstration waiver.