

ATTACHMENT A

SURVEY ON SUBSTANCE USE DISORDER PATIENT PLACEMENT CRITERIA

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SURVEY ON SUBSTANCE USE DISORDER PATIENT PLACEMENT CRITERIA

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.

The screenshot shows a web page titled "Survey on Substance Use Disorder (SUD) Patient Placement Criteria". The page is identified as "Page 1 of 18". It contains the same introductory text as the previous block. At the top right, there are controls for "Resize font" (with plus and minus icons) and "Enable speech" (with a speaker icon). At the bottom, there are two buttons: "Next Page >>" and "Save & Return Later".

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

Resize font:  Enable speech 

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Please fill in the following information:

1 Your state:
* must provide value

Connecticut 

Your organization:
* must provide value

Single State Agency (SSA) For Substance Use Services

State Medicaid Authority

reset

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Save & Return Later




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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Resize font:  |  Enable speech 

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

- **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.
- **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.

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Save & Return Later

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

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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

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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

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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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[Save & Return Later](#)

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

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Save & Return Later



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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Section 1: Placement Criteria

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

reset



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

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

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: _____

The screenshot shows a survey form titled "Survey on Substance Use Disorder (SUD) Patient Placement Criteria" on page 9 of 18. It is divided into sections. Section 2, "Placement Assessments", contains question 7: "Are providers who are funded or regulated by your organization also required to use a state accepted assessment tool to inform patient placement?" with radio buttons for "Yes" and "No". Below this is question 8: "What assessment tool(s) are providers required to use? (Check all that apply)". It features a list of checkboxes for "ASAM Continuum software", "Global Appraisal of Individual Needs (GAIN)", "Addiction Severity Index (ASI)", "ASI-Lite", "Treatment Assignment Protocol (TAP)", and "Other". The "Other" option is selected. Below the list is a text box for specifying other assessment tools. At the bottom are navigation buttons: "<< Previous Page", "Next Page >>", and "Save & Return Later".

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

The screenshot shows a survey form titled "Survey on Substance Use Disorder (SUD) Patient Placement Criteria" on page 9 of 18. It is divided into sections. Section 2, "Placement Assessments", contains question 7: "Are providers who are funded or regulated by your organization also required to use a state accepted assessment tool to inform patient placement?" with radio buttons for "Yes" and "No". Below this is question 8: "What assessment tool(s) do providers typically use? (Check all that apply)". It features a list of checkboxes for "ASAM Continuum software", "Global Appraisal of Individual Needs (GAIN)", "Addiction Severity Index (ASI)", "ASI-Lite", "Treatment Assignment Protocol (TAP)", "Other", and "I do not know". The "Other" option is selected. Below the list is a text area for specifying other assessment tools. At the bottom, there are navigation buttons: "<< Previous Page", "Next Page >>", and "Save & Return Later".

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0.5 Early intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-WM Ambulatory withdrawal management without extended on-site monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 Intensive outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Partial hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-WM Ambulatory withdrawal management with extended on-site monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1 Clinically managed low-intensity residential services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2-WM Clinically managed residential withdrawal management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Clinically managed population-specific high-intensity residential services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Clinically managed high-intensity residential services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Medically monitored intensive inpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7-WM Medically monitored inpatient withdrawal management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Medically managed intensive inpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-WM Medically managed intensive inpatient withdrawal management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other levels of care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[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

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.5 Early intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Outpatient services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1-WM Ambulatory withdrawal management without extended on-site monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.1 Intensive outpatient services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 Partial hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-WM Ambulatory withdrawal management with extended on-site monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.1 Clinically managed low-intensity residential services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2-WM Clinically managed residential withdrawal management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.5 Clinically managed high-intensity residential services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.7 Medically monitored intensive inpatient services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.7-WM Medically monitored inpatient withdrawal management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Medically managed intensive inpatient services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-WM Medically managed intensive inpatient withdrawal management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid Treatment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other levels of care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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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

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Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Resize font:
⊕ | ⊞

🔊 Enable speech

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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.

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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.]**

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Resize font:

Enable speech

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

The screenshot shows a survey interface with the following elements:

- Title:** Survey on Substance Use Disorder (SUD) Patient Placement Criteria
- Page:** Page 13 of 18
- Section:** Section 3: Data
- Question 12:** Has your organization used level of care data to help determine service gaps and need for greater capacity? (marked as a required field)
- Response Options:** Three buttons: "Yes" (selected), "No, but we are planning on it", and "No, we have no current plans to do this".
- Text Field:** A large text area for providing an explanation, currently empty.
- Navigation:** "reset" button, "Expand" button, "Previous Page" button, "Next Page" button, and "Save & Return Later" button.
- UI Elements:** "Resize font" and "Enable speech" icons in the top right corner.

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

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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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Save & Return Later

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

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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

reset

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Save & Return Later

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)

Survey on Substance Use Disorder (SUD) Patient Placement Criteria

Resize font:

Enable speech

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

Expand

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Save & Return Later

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

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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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Save & Return Later

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:

The screenshot shows a survey interface with a light blue header and a dark blue navigation bar. The header contains the title 'Survey on Substance Use Disorder (SUD) Patient Placement Criteria' on the left, 'Page 17 of 18' on the right, and utility icons for 'Resize font' and 'Enable speech'. The main content area is titled 'Section 5: Contextual Information' and contains question 16: '16. Please share links to any documents or websites regarding the patient placement criteria, assessment tools, and guidelines required by your state organization:'. Below the question is a large, empty white text input box. At the bottom of the form are three buttons: '<< Previous Page', 'Next Page >>', and 'Save & Return Later'. An 'Expand' link is located at the bottom right of the input area.

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

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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

<< Previous Page Submit

Save & Return Later

Thank you for your responses to this survey!

Close survey

Thank you for your responses to this survey!

Download your survey response (PDF):  Download