

Current State AOD Agency Practices Regarding the Use of Patient Placement Criteria (PPC) - An Update

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SUMMARY

Fifty States and the District of Columbia participated in the current 2005 consultation. The response rate was higher (100%) but remained stable when compared to the earlier 2003 Inquiry (Roberts, 2003). State responses to all three questions are summarized in Table 1. The bottom row in the table displays the total number and percentage of State responses to each of the three questions. The check marks in the rows in the table show the various combinations of State responses, totals, and percentages across the three questions. Tables 2A, 2B, and 2C display separately the results for each of the three questions, respectively, and can be found in Appendix A.

In response to the first question, forty-three States (84%) answered “Yes” that State-funded providers are required to utilize standard patient-placement criteria. These results are similar to results in the 2005 Inquiry. These results can be found in Table 2A. In response to the second question, now over half (52%) of the States that responded capture PPC data (recommendation only, raw data only, and recommendation and raw data). This represents an increase from the results in the 2003 Inquiry. These results can be found in Table 2B. Of the 51 States that responded to the third question, 66% of State funded providers are required to use ASAM for their standard patient placement criteria. These results are slightly higher than the results seen in the 2003 Inquiry. These results can be found in Table 2C.

Overall, there were similarities on the use of the PPC by States between the 2005 Inquiry and 2003 Inquiry results. The biggest difference between the two sets of findings was an increase in the number and percentage of States that captured Standard Patient Placement Criteria Data by Client-Level Data System in 2005.

**TABLE 1:
STANDARD PATIENT PLACEMENT CRITERIA
DATA COLLECTION AND INSTRUMENTATION
2005 RESULTS**

State Funded Providers Use Standard Patient Placement Criteria (n=51)		Standard Patient Placement Criteria Data Captured by Client-Level Data System (n= 42)						Instrument Required to Use (n = 44)		Total							
												Required	Not Required	Recommendation for Placement Only	Raw Data for Placement Criteria	Both Rec. and Raw Data	Not Captured by CLDS
√		√					√		8	16%							
√			√				√		1	2%							
√				√			√		5	10%							
√					√		√		16	31%							
√		√						√	1	2%							
√			√					√	4	7%							
√				√				√	3	6%							
√					√			√	5	10%							
	√								8	16%							
43	84%	8	16%	9	21%	5	12%	8	19%	20	48%	29	66%	15	34%	51	100%

INTRODUCTION/BACKGROUND

The American Society of Addiction Medicine Patient Placement Criteria, Second Revision (ASAM PPC-2R) is the most extensively used set of national guidelines for placement, continued stay, and discharge of clients with alcohol and other drug addictions (ASAM, 2006). In March of 1991, the American Society for Addiction Medicine (ASAM) published the *Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders* (Hoffmann et al, 1991). The diagnostic terminology which is used by the ASAM in their Patient Placement Criteria (ASAM PPC-2R) is consistent with the most up-to-date language utilized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association. This standardized treatment matching tool allows clinicians to “systematically evaluate the severity of a patient’s need for treatment along six dimensions, and then utilize a fixed combination rule to determine which of five levels of care a substance abusing patient will respond to with greatest success” (Turner et al, 1999). The six dimensions and five levels of care are presented below:

- Six dimensions:
 - Dimension I: Acute Intoxication/Withdrawal Potential
 - Dimension II: Biomedical Conditions and Complications
 - Dimension III: Emotional, Behavioral or Cognitive Conditions and Complications
 - Dimension IV: Readiness to Change
 - Dimension V: Relapse, Continued Use or Continued Problem Potential
 - Dimension VI: Recovery Environment

- Five levels of care:
 - Level 0.5: Early Intervention
 - Level I: Outpatient Treatment
 - Level II: Intensive Outpatient/Partial Hospitalization
 - Level III: Residential/Inpatient Treatment
 - Level IV: Medically-Managed Intensive Inpatient Treatment

This report serves as an update to a section of an earlier report entitled “Profile of State Substance Abuse Prevention and Data Systems” (Roberts, 2004). In preparing the earlier report, NASADAD collaborated with Caliber Associates to develop and administer the original inquiry on State data collection, infrastructure, warehousing and reporting which included a section on Standard Patient Placement Criteria Data. The same three questions on Patient Placement Criteria (PPC) that were asked in 2003 were asked again in 2005 in a new NASADAD Inquiry to collect current information on State Alcohol and Other Drug (AOD) practices regarding the use of PPC and to examine the extent to which the data changed.

METHODS

NASADAD staff, in consultation with members of its Research and Treatment Committees, constructed an updated membership inquiry on current State AOD Agency practices regarding the use of PPC as shown in Appendix A. It was based on a section of the original inquiry which was conducted in 2003. This new inquiry consisted of three questions and allowed the States to review their previous responses and either verify their continued accuracy or submit updated information. The first question was dichotomous in nature and the second and third questions were multiple choice. States had the opportunity to provide comments after each question. The three questions asked on the inquiry were as follows:

1. Are State-funded providers required to comply with standard patient-placement criteria?
2. Does your State's client-level data system capture the results of standard patient-placement criteria?
3. What standard patient placement criteria are State-funded providers required to use?

The Directors of all State AOD Agencies, as well as the AOD Director of the District of Columbia, were targeted as potential respondents. In early October of 2005, each AOD Director received a copy of the updated membership inquiry tool on PPC through both surface and electronic mail. Follow-up phone calls and emails were executed to those States who had not responded by the original October 2005 deadline. Responses were received at NASADAD via fax, surface mail and electronic mail.

Results were then tabulated from the responses received from the States. Responses to each of the three questions from the 2005 inquiry were entered into a table as shown in Appendix B. For each question, the total number of States and the percentage of States responding were calculated across States and summarized in several tables. Comments provided by the States to each of the three questions were also entered into a table as shown in Appendix C. Responses to the three questions were compared to the 2003 inquiry to identify shifts and changes from the original inquiry.

REFERENCES

American Society of Addiction Medicine. (2006). *Patient Placement Criteria, Second Edition Revised*. Retrieved February 2, 2006 from <http://www.asam.org/ppc/ppc2.htm>

Hoffmann N.G, Halikas J.A., Mee-Lee D., & Weedman R.D. (1991). *Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders*. Washington, D.C., American Society of Addiction Medicine.

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Turner, W.M., Turner, K.H., Reif, S., Gutowski, W.E., & Gastfriend, D.R. (1999). "Feasibility of Multi-Dimensional Substance Abuse Treatment Matching: Automating the ASAM Patient Placement Criteria". *Drug and Alcohol Dependence*; 55: 35-43.

APPENDICES

Appendix A: Results for Individual Questions

Table 2A: Question #1 Are State-funded providers required to comply with standard patient placement criteria?					
STATE FUNDED PROVIDERS USE STANDAD PATIENT PLACEMENT CRITERIA		REQUIRED		NOT REQUIRED	
YEAR	N	N	%	n	%
2005	51	43	84%	8	16%

Table 2B: Question #2 Does your State's client-level data system capture the results of standard patient-placement criteria?									
STANDARD PPC DATA CAPTURED BY CLIENT-LEVEL DATA SYSTEM		RECOMMENDATION FOR PLACEMENT ONLY		RAW DATA ONLY FOR PLACEMENT CRITERIA		RECOMMENDATION AND RAW DATA		NOT CAPTURED BY CLDS	
YEAR	N	n	%	n	%	n	%	n	%
2005	42	9	21%	5	12%	8	19%	20	48%

Table 2C: Question #3 What standard patient placement criteria are State-funded providers required to use?					
INSTRUMENT REQUIRED TO USE		ASAM		OTHER	
YEAR	N	n	%	n	%
2005	44	29	66%	15	34%

Appendix B: 2005 NASADAD Fax-Back/Mail Back/E-mail back Membership Inquiry: Current State AOD Agency Practices Regarding the Use of Patient Placement Criteria (PPC)

NASADAD Patient Placement Criteria (PPC)
CONSULTATION

STATE: _____ PREVIOUS RESPONDENT: _____

CURRENT RESPONDENT: _____

Phone: _____

Fax: _____

Email: _____

1. Are State-funded providers required to utilize a standard patient-placement criteria?

2003 Response: Yes No

2003 Additional/Explanatory Information: _____

2005 Response: Yes No

2005 Additional or Explanatory Information: _____

2. Does your State's client-level data system capture the results of standard patient placement criteria?

2003 Response: Not applicable: State does not require providers to comply with standard criteria.
 Yes, recommendation for placement only
 Yes, raw data for placement criteria
 Yes, both recommendation and raw data
 No, results of a standard patient-placement criteria are not captured by State's data system

2003 Additional or Explanatory Information: _____

2005 Response: Not applicable: State does not require providers to comply with standard criteria.
 Yes, recommendation for placement only
 Yes, raw data for placement criteria
 Yes, both recommendation and raw data
 No, results of a standard patient-placement criteria are not captured by State's data system

2005 Additional or Explanatory Information: _____

3. What standard placement criteria are State-funded providers required to use?

2003 Response: Not applicable: State does not require providers to comply with standard criteria.
 ASAM
 Other (*specify*): _____

2003 Additional or Explanatory Information: _____

2005 Response: Not applicable: State does not require providers to comply with standard criteria.
 ASAM
 Other (*specify*): _____

2005 Additional or Explanatory Information: _____

___ ALL RESPONSES FOR 2005 REMAIN THE SAME AS RESPONSES GIVEN IN 2003

Appendix C: Table of Individual State Responses

STATE STANDARD PATIENT PLACEMENT CRITERIA RESULTS

Question #1: Are State funded providers required to comply with standard patient placement criteria?

Question #2: Does your State's client-level data system capture the results of standard patient-placement criteria?

Question #3: What standard placement criteria are State-funded providers required to use?

STATE	QUESTION #1	QUESTION #2	QUESTION #3
	COMPLY WITH STANDARD PATIENT PLACEMENT CRITERIA (PPC)	CLDS CAPTURES STANDARD PPC DATA	INSTRUMENT USED TO CAPTURE STANDARD PPC INFORMATION
ALABAMA	N	N/A	OTHER
ALASKA	Y	NEITHER	ASAM
ARIZONA	Y	RAW DATA	ONLY LEVEL 1 IS REQUIRED; ADHJ CRITERIA CONSISTENT WITH LEVEL 1 CFR CRITERIA
ARKANSAS	Y	NEITHER	ASI
CALIFORNIA	N	N/A	N/A
COLORADO	Y		ASAM
CONNECTICUT	Y	NEITHER	MODIFIED ASAM (PPC-2)
DELAWARE	Y	RECOMMENDATION & RAW DATA	ASAM
DISTRICT OF COLUMBIA	Y	RAW DATA	GAIN-Q
FLORIDA	Y	RECOMMENDATION ONLY	ASAM
GEORGIA	Y	NEITHER	ASAM
HAWAII	Y	NEITHER	ASAM
IDAHO	Y	RECOMMENDATION ONLY	ASAM
ILLINOIS	Y	NEITHER	ASAM
INDIANA	N	N/A	N/A
IOWA	Y	RECOMMENDATION ONLY	ASAM
KANSAS	Y	RECOMMENDATION & RAW DATA	KCPC (MODELED AFTER ASAM)
KENTUCKY	N	N/A	N/A
LOUISIANA	N	N/A	N/A
MAINE	N	N/A	
MARYLAND	Y	RECOMMENDATION ONLY	ASAM
MASSACHUSETTS	Y	NEITHER	ASAM
MICHIGAN	Y	NEITHER	ASAM
MINNESOTA	Y	RECOMMENDATION ONLY	RULE 25
MISSISSIPPI	Y	RECOMMENDATION & RAW DATA	SUBSTANCE ABUSE CLIENT ADMISSION FORM AND DSM-IV
MISSOURI	Y	RAW DATA	STATE CRITERIA BASED ON ASI
MONTANA	Y	NEITHER	ASAM
NEBRASKA	Y		ASAM

NEVADA	Y	NEITHER	HEALTH DIVISION CRITERIA FOR PROGRAMS TREATING SUBSTANCE RELATED DISORDERS
NEW HAMPSHIRE	Y	RECOMMENDATION ONLY	ASAM
NEW JERSEY	Y	RECOMMENDATION & RAW DATA	ASAM
NEW MEXICO	Y	RECOMMENDATION ONLY	ASAM
NEW YORK	Y	NEITHER	ASAM AND "LOCADTR"
NORTH CAROLINA	Y	NEITHER	ASAM
NORTH DAKOTA	Y	RECOMMENDATION & RAW DATA	ASAM – NORTH DAKOTA ADMINISTRATIVE RULES
OHIO	Y	NEITHER	OTHER – STATE SPECIFIC LEVEL OF CARE CRITERIA
OKLAHOMA	Y	NEITHER	ASAM
OREGON	Y	RECOMMENDATION ONLY	ASAM
PENNSYLVANIA	Y	NEITHER	OTHER – PCPC
RHODE ISLAND	Y	NEITHER	ASAM
SOUTH CAROLINA	Y	RAW DATA	ASAM
SOUTH DAKOTA	Y	RECOMMENDATION & RAW DATA	ASAM
TENNESSEE	Y	NEITHER	ASAM
TEXAS	Y	RAW DATA	OTHER – STATE DEFINED BASED ON TDI
UTAH	Y	RECOMMENDATION & RAW DATA	ASAM
VIRGINIA	N	N/A	N/A
VERMONT	N	NEITHER	N/A
WASHINGTON	Y	NEITHER	ASAM
WEST VIRGINIA	Y	RECOMMENDATION & RAW DATA	ASAM
WISCONSIN	Y	NEITHER	UNIFORM PLACEMENT CRITERIA
WYOMING	Y	RECOMMENDATION ONLY	ASAM

Appendix D: Table of Individual State Responses

STATE STANDARD PATIENT PLACEMENT CRITERIA COMMENTS

Question #1: Are State funded providers required to comply with standard patient placement criteria?

Question #2: Does your State's client-level data system capture the results of standard patient-placement criteria?

Question #3: What standard placement criteria are State-funded providers required to use?

STATE	QUESTION #1	QUESTION #2	QUESTION #3
	COMPLY WITH STANDARD PATIENT PLACEMENT CRITERIA (PPC)	CLDS CAPTURES STANDARD PPC DATA	INSTRUMENT USED TO CAPTURE STANDARD PPC INFORMATION
ALABAMA			
ALASKA		AKAIMS collects ASAM criteria data but it has not been one of the required fields to report to the state.	
ARIZONA	Level 1 facilities are required (hospital, RTC, community, inpatient psychiatric and medical detox)	Claim includes place of service; if Level 1 setting this would match PPC; all others are procedure codes (e.g. residential, outpatient, etc.).	Only Level 1 is required; ADHJ criteria consistent with Level 1 CFR criteria
ARKANSAS			ASI
CALIFORNIA			
COLORADO		While we do not capture the recommendation or the raw data for placement, we do capture the placement/level of service rendered to the patient.	
CONNECTICUT		Placement criteria assessments are kept as part of client's record but not stored electronically in State's information system.	Modified ASAM (PPC-2)
DELAWARE	ASAM PPC-2R	Minimal data only – no unique client identifiers	
DISTRICT OF COLUMBIA	Providers are required to use the GAIN-Q assessment	Client data system currently captures GAIN-Q Domain scores for clients that proceed through DC's Central Intake system. It is hoped that during FY 2006 the system will begin capturing data for clients of DC-funded Providers.	GAIN-Q
FLORIDA			The recommended level of care is reported and the actual placement is reported

GEORGIA	Georgia uses ASAM patient Placement Criteria		
HAWAII			
IDAHO			
ILLINOIS	Licensure requires use of ASAM		
INDIANA			
IOWA			
KANSAS			KCPC (modeled after ASAM)
KENTUCKY			
LOUISIANA	<p>OAD is currently developing PPC for the State which will be incorporated into the web based applications utilized by the agency. We are currently collecting and recording electronically all patient placement decisions related to the ATR grant, this includes recommended and the actual level of care received with an explanation if there is a discrepancy about the two. In addition, OAD requires the electronic input of all clinical justifications for patient placement decisions. In the future clinicians will be utilizing a web based decision support system to make more informed patient placement decisions. It is expected that this will be completed in 2006.</p>		
MAINE	Will change in 7/06		Expectation is that in 7/06 will be required to use ASAM

MARYLAND		Information will be collected beginning State Fiscal Year 2007 (July, 2006)	
MASSACHUSETTS	ASAM	This was not part of original information system requirements.	
MICHIGAN		We utilize a separate coding system to record the level of care and it is not consistent with the standard that is used.	
MINNESOTA			Rule 25 is a set of Minnesota developed criteria
MISSISSIPPI			Substance Abuse Client Admission Form and DSM-IV
MISSOURI			State criteria based on ASI
MONTANA			
NEBRASKA			ASAM based criteria for “authorized” services, and state criteria for non-residential services
NEVADA	Health Division Criteria for Programs Treating Substance Related Disorders	New client data system currently being put in place will provide this information	Health Division Criteria for Programs Treating Substance Related Disorders
NEW HAMPSHIRE	'06 contract language requires adherence to ASAM criteria for the provision of services	Level of care is captured	
NEW JERSEY	Level of Care Index (LOCI-2R) will be implemented as the patient placement standard for New Jersey patients.	LOCI-2R data and results will be reported in the New Jersey client reporting system.	Level of Care Index (LOCI-2R) will be implemented as the patient placement standard for New Jersey patients. This is an instrument to support ASAM placement.
NEW MEXICO			
NEW YORK			New York uses LOCADTR (“Level of Care for Alcohol and Drug Treatment Referral”), which is available at OASAS’ website: http://www.oasas.state.ny.us/hps/health/locadtr/LOCADTR2-3&cover.pdf

NORTH CAROLINA		State needs to explicitly align TEDS program definitions with ASAM within NC-TOPPS.	
NORTH DAKOTA	New modules to be implemented in November of 2005 require ASAM placement criteria as required in North Dakota Administrative Rules 75-09.1	Beginning in November 2005 North Dakota will capture the clinician rating for each ASAM dimension and the recommendation for placement at admission/completion of the evaluation	New modules will be implemented in November of 2005. N.D. Administrative Rules 75-09.1. Lists the ASAM criteria. A copy is available on the State website.
OHIO	This has been required since 2001		Ohio has developed its own level of care criteria
OKLAHOMA			
OREGON			
PENNSYLVANIA	Pennsylvania Client Placement Criteria (PCPC)		PCPC
RHODE ISLAND			
SOUTH CAROLINA		Plus estimated recommended ASAM PPC-2 level of care, calculated as separate analysis at state level. In previous versions of client database, we calculated the estimated recommended level of care in real time plus the level of care the client actually received plus reason for override of recommended level of care (service not available at location, client refused recommended level of care, clinician judgment that alternative level of care more appropriate etc). Discontinued real time algorithm due to overlap in recommended location with similar input symptomology etc.	PPC2-R
SOUTH DAKOTA			
TENNESSEE		We are planning to capture the ASAM results as we develop a new web-based data reporting system.	

TEXAS	For our Residential services placement criteria based on the ASI are utilized for admission purposes and continuing stay is based on the TDI criteria	The placement criteria can be derived by viewing the assessment but the system does not automatically generate it.	We developed a system for ranking clients into three levels of severity (high, medium, low) based on client severity scores of sections of the ASI. They are used by our “gatekeepers” of the treatment system who review the client’s severity (the assessment) for each admission to Residential Care and “approve” or “disapprove” of the admission based on the client severity score. Only clients of medium or high severity are approved for residential admissions.
UTAH			
VERMONT	It proved difficult for Vermont to adequately assess the use of the criteria statewide. Therefore it is recommended that the criteria be used, but not required.		
VIRGINIA			
WASHINGTON			
WEST VIRGINIA	All State/federally funded programs under the SSA are required to utilize the ASAM Placement Criteria and claim the “placement level” the program is designed around.	A complete assessment using the ASI and its scoring system are a component of the most appropriate level of care. Scoring of the ASI is submitted to the SSA’s and WVDHHR’s Medicaid ASO.	Providers are required to write a comprehensive program description identified among many valuable clinical/treatment [____], the ASAM level of care. 3 State entities, inclusive of the SSA, Bureau for Medical Services (Medicaid) and the (independent ASO contractor) APS all review the description and must come to an approval from all three. The Provider may have to [____] any part of the description if requested. The program is not [____] until this process is complete
WISCONSIN			Uniform Placement Criteria
WYOMING			It is now a required data element in data system