

This downloadable survey is for reference only and should not be returned to NORC

Introduction/Consent

Thank you for participating in our Survey of Medicaid Opioid Use Disorder (OUD) Treatment Providers. We value your input. NORC at the University of Chicago and IBM are conducting this survey on behalf of the Centers for Medicare & Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Agency for Healthcare Research and Quality (AHRQ). Your responses will be kept confidential and responses are de-identified for analyses. Any published reports will summarize the results in the aggregate and will not include individual responses. At the end of the evaluation, the de-identified data will be provided to CMS, SAMHSA, and AHRQ, as well as participating state Medicaid agencies and State Opioid Treatment Authorities.

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 0938-1430 (Expires: 09/30/25). The time required to complete this information collection is estimated to average 15 minutes, 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: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Instructions

Please use the "Previous" and "Continue" buttons to navigate through the questions in the survey. You must use the "Continue" button on the screen after you have responded to a question for your answer to be saved.

Please do not use your browser buttons. To exit the survey at any time, simply close your internet browser window. Any data you have entered before closing will be saved. Reopening the survey later will allow you to return to the same location and finish completing the survey.

We will ask you to provide your National Provider Identifier number (NPI); you may want to look that up now before you start. This will enable us to reduce the number of questions we ask in this survey by using NPI to link to other data sources to characterize respondents. Again, individual level data will be de-identified after linking, will not be shared outside the analytic team, and responses will only be reported once aggregated.

Lastly, we have provided definitions on certain terms throughout the survey. When available, you can hover over the question mark (?) next to the term for more information.

Again, we greatly appreciate your time and participation. Let's get started!

Provider Background

Q1. Do you currently provide Substance Use Disorder (SUD) services to Medicaid beneficiaries?

- Yes
- No

Q2. [ASK IF Q1 = NO] What are the challenges of being a Medicaid provider? Select all that apply.

- Reimbursement levels
- Provider enrollment process
- Stigma associated with serving Medicaid patients
- Lack of information available about being a provider
- Lack of information about the provider reimbursement process
- Lack of resources available to support SUD treatment
- Other (please specify) _____
- None of the above [*EXCLUSIVE RESPONSE OPTION*]

Q3. [ASK IF Q1 = NO] Which state-level licensing or regulatory requirements, if any, are barriers to treating individuals with SUD? Select all that apply.

- Requirement for additional oversight of some prescribing providers (e.g., NPs)
- Limitations on which prescribing providers can treat with medication-assisted treatment for OUD (e.g., NPs)
- Requirements for counseling that accompany medication-assisted treatment for OUD
- Take-home medication restrictions
- Supervised medication consumption
- Mandates on counseling frequency
- Mandates on urine testing frequency
- None of the above [*EXCLUSIVE RESPONSE OPTION*]

Q4. What is your occupation?

- Physician (MD/DO)
- Physician Assistant
- Nurse Practitioner
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Pharmacist
- Other (please specify) _____

Q5. What is your specialty? Select all that apply.

- Addiction Medicine (including Addiction Psychiatry)
- Anesthesiology
- Dentistry
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Nursing
- Obstetrics and Gynecology
- Ophthalmology
- Pain Management (e.g., pain medication)
- Pediatrics
- Pharmacy
- Psychiatry (Physical Medicine and Rehabilitation)
- Primary Care
- Psychiatry
- Psychosomatic Medicine
- Substance Use Disorder
- Surgery
- Women's Health Care

[PROGRAMMING NOTE: IF Q1=NO THEN TERMINATE AND DISPLAY: Those are all of the questions we have for you. Thank you for your participation!].

Q6. Have you received specialty training as any of the following? Select all that apply.

- Licensed Addiction Counselor
- Certified Addiction Specialist
- Addiction Medicine Specialist
- Other (please specify) _____
- None of the above [*EXCLUSIVE RESPONSE OPTION*]

Q7. What is your National Provider Identifier (NPI)?

_____ [*RESPONSES LIMITED TO 10 DIGITS*]

- I don't have an NPI
- Don't know

Provider Setting and Services

Now we'll ask a few questions about the setting(s) where you work.

Q8. In which setting(s) do you provide services to Medicaid beneficiaries? Select all that apply.

- Acute Care Inpatient Hospital (excluding emergency department)
- Acute Care Inpatient Hospital Emergency Department
- Hospital Outpatient Department
- Opioid Treatment Program
- Office-Based Practice
- Federally Qualified Health Center
- Rural Health Center
- Other community-based health care or mental health care center
- Tribal Health Facility
- Indian Health Service Facility

Q9. In which setting do you spend the most time providing SUD services to Medicaid beneficiaries? [CARRY FORWARD Q8 RESPONSES]

For the next two questions, please think about your [FILL Q9 RESPONSE] when answering.

Q10. What types of services does your [FILL Q9 RESPONSE] provide? Select all that apply.

- Screening and assessment
- Withdrawal management: inpatient services
- Withdrawal management: outpatient services
- [Tool tip: "Withdrawal management" is the preferred term to describe the clinical management or oversight of the biological process of detoxification from any substance, including OUD].
- Residential individual counseling for substance use disorder
- Residential group counseling for substance use disorder
- Residential individual counseling for opioid use disorder
- Residential group counseling for opioid use disorder
- Outpatient individual counseling for substance use disorder
- Outpatient group counseling for substance use disorder
- Outpatient individual counseling for opioid use disorder
- Outpatient group counseling for opioid use disorder
- Buprenorphine
- Methadone
- Naltrexone
- Peer support
- Treatment coordination

Q11. In a typical week, how many clients does your [FILL Q9 RESPONSE] serve? Your best guess is okay.

- _____
- Don't Know

Provider Prescribing Characteristics

Now we will ask about specific medications you may prescribe, administer, or dispense to patients.

Q12. Do you currently have a Drug Addiction Treatment Act of 2000 waiver (i.e., DATA-2000 waiver) to provide buprenorphine for OUD treatment?

- Yes
- No
- No, but I am currently working on getting one.
- No, I do not need a DATA-2000 waiver to prescribe buprenorphine.

Q13. [ASK IF Q12 = NO] Are you eligible to obtain a DATA-2000 waiver?

- Yes
- No
- Don't know

Q14. [ASK IF Q12 = YES] According to your waiver, what is your patient limit?

- 30
- 100
- 275
- Don't know

Q15. [ASK IF Q12 = YES or No, I do not need a DATA-2000 waiver to prescribe buprenorphine] In a typical week, how many unique Medicaid patients do you prescribe buprenorphine to at your [FILL Q9 RESPONSE]?

- _____ (enter number of unique Medicaid patients here)
- I do not currently treat any Medicaid patients with buprenorphine.

Q16. [ASK IF number of unique patients > 0] How long have you been treating Medicaid patients using buprenorphine at your [FILL Q9 RESPONSE]?

- _____ (enter number of years here)

Q17. [ASK IF number of unique patients > 0] Do you use telehealth for treating Medicaid patients for whom you prescribe buprenorphine at your [FILL Q9 RESPONSE]?

- Yes
- No

Q18a. [IF Q12 ≠ “No, but I am currently working on getting one.” AND (Q10 is blank for buprenorphine OR Q15 = “I do not currently treat...”)] Earlier, you did not report treating Medicaid patients with buprenorphine. Which factors prevent you from treating Medicaid patients with buprenorphine at your [FILL Q9 RESPONSE]? Select all that apply.

Q18b. [IF Q15 > 0, FILL] Which factors are challenges in treating Medicaid patients with **buprenorphine** at your [FILL Q9 RESPONSE]? Select all that apply.

- Patients do not want buprenorphine
- Lack of eligible patients
- Eligible patients cannot afford it
- Limited mental health services to complement medication assisted use
- Limited training in prescribing buprenorphine
- Limited supervision, mentorship, specialist backups, or professional peer consultation
- Do not want to treat patients with buprenorphine: prefer non-medication alternatives
- Desire to restrict panel size due to limited capacity to manage OUD patients
- Compliance with Drug Enforcement Administration instructions
- Concern about medication diversion or misuse
- Stigma from other providers for treating patients with buprenorphine
- Stigma about OUD patients
- Other (please specify) _____
- None of the above [*EXCLUSIVE RESPONSE OPTION*]

Q19. [ASK IF Q10 = methadone] In a typical week, how many unique Medicaid patients did you treat using **methadone** for OUD (i.e., not pain) at your [FILL Q9 RESPONSE]?

- ____ (enter number of unique Medicaid patients here)
- I typically do not treat any Medicaid patients using methadone for OUD (i.e., not pain).

Q20. [ASK IF number of unique patients > 0] How long have you been treating Medicaid patients using methadone for OUD (i.e., not pain) at your [FILL Q9 RESPONSE]?

- ____ (enter number of years here)

Q21. [ASK IF number of unique patients > 0] Do you use telehealth for treating Medicaid patients using methadone for OUD (i.e., not pain) at your [FILL Q9 RESPONSE]?

- Yes
- No

Q22. [ASK IF number of unique patients > 0] Do you have the capacity to treat more Medicaid patients using methadone for OUD (i.e., not pain) at your [FILL Q9 RESPONSE]?

- Yes
- No
- Don't Know

Q23a. [IF Q10 is blank for methadone OR Q19 = "I do not currently treat..."] Earlier, you did not report treating Medicaid patients with methadone. Which factors prevent you from treating Medicaid patients with methadone for OUD (i.e., not pain) at your [FILL Q9 RESPONSE]? Select all that apply.

Q23b [IF Q19 > 0] Which factors are challenges in treating Medicaid patients with **methadone** for OUD (i.e., not pain) at your [FILL Q9 RESPONSE]? Select all that apply.

- Patients do not want methadone for OUD (i.e., not pain)
- Lack of eligible patients
- Eligible patients cannot afford it
- Limited mental health services to complement medication use
- Limited training in prescribing methadone
- Limited supervision, mentorship, specialist backups, or professional peer consultation
- Do not want to treat patients with methadone: prefer non-medication alternatives
- Desire to restrict panel size due to limited capacity to manage OUD patients
- Concern about medication misuse
- Stigma from other providers for treating patients with methadone
- Facility and staff costs to maintain methadone treatment programs
- Other (please specify) _____
- None of the above [EXCLUSIVE RESPONSE OPTION]

Q24. [ASK IF Q10 = naltrexone] In a typical week, how many unique Medicaid patients do you currently treat using **naltrexone** at your [FILL Q9 RESPONSE]?

- _____ (enter number of unique Medicaid patients here)
- I do not currently treat any Medicaid patients using naltrexone.

Q25. [ASK IF number of patients > 0] How long have you been treating Medicaid patients using **naltrexone** at your [FILL Q9 RESPONSE]?

- _____ (enter number of years here)

Q26. [ASK IF number of patients > 0] Do you use telehealth for treating Medicaid patients using **naltrexone** at your [FILL Q9 RESPONSE]?

- Yes
- No

Q27. [ASK IF number of patients > 0] Do you have the capacity to treat more Medicaid patients using **naltrexone** at your [FILL Q9 RESPONSE]?

- Yes
- No
- Don't Know

Q28a. [IF Q10 is blank for naltrexone OR Q19 = "I do not currently treat..."] Earlier, you did not report treating Medicaid patients with naltrexone. Which factors prevent you from treating Medicaid patients with naltrexone at your [FILL Q9 RESPONSE]?

Q28b. [IF Q19 > 0] Which factors are challenges in treating Medicaid patients with **naltrexone** at your [FILL Q9 RESPONSE]? Select all that apply.

- Patients do not want naltrexone
- Lack of eligible patients
- Do not want to treat patients with naltrexone: prefer non-medication alternatives
- Do not want to treat patients with naltrexone due to a lack of evidence of efficacy in practice
- Eligible patients cannot afford it
- Lack of other mental health services to complement medication use
- Lack of information or training on treatment
- Lack of capacity to manage eligible patients
- Complexity of ordering and storing naltrexone
- Other (please specify) _____
- None of the above [EXCLUSIVE RESPONSE OPTION]

Q29. How confident are you in your ability to treat Medicaid patients with OUD?

- Not at all confident
- Somewhat confident
- Very confident
- Completely confident

Training and Technical Assistance

Now we have a few questions about training and technical assistance.

Q30. In the past three years, has your state Medicaid agency, or other sources (e.g., other state agencies, non-profits, managed care organizations), offered training or other technical assistance to you on any of the following topics? Please select all that apply.

[Tool tip: **Technical assistance** includes information and resources, tools and templates, consultation, or site visits. **Training** includes activities designed to teach individuals and provide them with job-specific knowledge and/or skills.]

	Training		Other Technical Assistance	
	State Medicaid Agency	Other Sources	State Medicaid Agency	Other Sources
Q30a. Behavioral Health/Substance Use Disorder Treatment				
Privacy concerns regarding Electronic Health Records (EHR)				
DATA-2000 Waiver (e.g., how to obtain the waiver, how to use the waiver effectively)				
Buprenorphine prescribing for OUD				
Methadone administration for OUD				
Substance use treatment or recovery services, excluding buprenorphine or methadone for OUD				
Recruitment and retention of staff trained to treat OUD				
Medicaid SUD reimbursement policies (e.g., telehealth reimbursement)				
Q30b. General Operations				
Medicaid reimbursement policies (e.g., telehealth reimbursement)				
Administrative processes (e.g., record keeping)				
Training (other than privacy concerns) in EHR				
Health information technology (HIT) and data use				
Enabling services and/or addressing social determinants of health				
Operations (funding, emergency preparedness)				
Quality improvement methods				
Other (please specify) _____				

[Questions 31a – 34a refer to matrix 1: Behavioral Health/SUD Treatment]

Q31a. [ASK FOR EACH TRAINING TOPIC FROM MEDICAID SELECTED IN Q30a]

About how many hours of training from your state Medicaid agency did you complete for [INSERT TRAINING TOPIC FROM MEDICAID SELECTED IN Q30a]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

Q32a. [ASK FOR EACH TRAINING TOPIC FROM OTHER SOURCES SELECTED IN Q30a] About how many hours of training from other sources did you complete for [INSERT TRAINING TOPIC FROM MEDICAID SELECTED IN Q30a]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

Q33a. [ASK FOR EACH TECHNICAL ASSISTANCE TOPIC FROM MEDICAID SELECTED IN Q30a] About how many hours of technical assistance from your state Medicaid agency did you complete for [INSERT TRAINING TOPIC FROM MEDICAID SELECTED IN Q30a]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

Q34a. [ASK FOR EACH TECHNICAL ASSISTANCE TOPIC FROM OTHER SOURCES SELECTED IN Q30a] About how many hours of technical assistance from other sources did you complete for [INSERT TRAINING TOPIC FROM OTHER SOURCES SELECTED IN Q30a]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

(Questions 31b – 34b refer to matrix 2: General Operations)

Q31b. [ASK FOR EACH TRAINING TOPIC FROM MEDICAID SELECTED IN Q30b]

About how many hours of training from your state Medicaid agency did you complete for [INSERT TRAINING TOPIC FROM MEDICAID SELECTED IN Q30b]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

Q32b. [ASK FOR EACH TRAINING TOPIC FROM OTHER SOURCES SELECTED IN Q30]

About how many hours of training from other sources did you complete for [INSERT TRAINING TOPIC FROM OTHER SOURCES SELECTED IN Q30b]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

Q33b. [ASK FOR EACH TECHNICAL ASSISTANCE TOPIC FROM MEDICAID

SELECTED IN Q30] About how many hours of technical assistance from your state Medicaid agency did you complete for [INSERT TECHNICAL ASSISTANCE TOPIC FROM MEDICAID SELECTED IN Q30b]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

Q34b. [ASK FOR EACH TECHNICAL ASSISTANCE TOPIC FROM OTHER SOURCES

SELECTED IN Q30] About how many hours of technical assistance from other sources did you complete for [INSERT TRAINING TOPIC FROM OTHER SOURCES SELECTED IN Q30b]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

Q35. What resources are available if you need consultation on SUD treatment or recovery services at your [FILL Q9 RESPONSE]? Select all that apply.

- Professional peer support within your facility or practice
- Mentor/preceptor within your facility or practice
- Professional peer support outside of your facility or practice
- Mentor/preceptor outside of your facility or practice
- Access to specialists via ECHO or other e-consult approach
- Other (please specify) _____

Q36. In the past three years, which adjustments, if any, has your [FILL Q9 RESPONSE] made to facilitate treatment of Medicaid patients with SUD? These adjustments may have also helped patients with other forms of health care coverage. Select all that apply.

- Hired additional staff who can prescribe, administer, or dispense medications for OUD treatment
- Hired additional staff who can prescribe, administer, or dispense medications for SUD (excluding OUD) treatment
- Hired additional staff who can provide SUD counseling and behavioral therapies
- Hired peer counselors
- Hired staff to support care coordination and/or case management
- Implemented strategies to improve staff retention (e.g., offered enhanced benefits)
- Implemented telehealth
- Integration of treatment resources into EHR
- Expanded the use of Health Information Technology
- Initiated programs to address social risks/social determinants of health
- Other (please specify) _____
- None of the above [*EXCLUSIVE RESPONSE OPTION*]

Medicaid and Regulatory Requirements

We now have a couple of questions related to Medicaid and to regulatory requirements.

Q37. What are the challenges of being a Medicaid provider? Select all that apply.

- Reimbursement levels
- Provider enrollment process
- Stigma associated with serving Medicaid patients
- Lack of information available about being a provider
- Lack of information about the provider reimbursement process
- Lack of resources available to support SUD treatment
- Other (please specify) _____
- None of the above [*EXCLUSIVE RESPONSE OPTION*]

Q38. Which state-level licensing or regulatory requirements, if any, are barriers to treating individuals with SUD? Select all that apply.

- Requirement for additional oversight of some prescribing providers (e.g., NPs)
- Limitations on which prescribing providers can treat with medication for OUD (e.g., NPs)
- Requirements for counseling that accompany medication treatment
- Take-home medication restrictions
- Supervised medication consumption
- Mandates on counseling frequency
- Mandates on urine testing frequency
- None of the above *[EXCLUSIVE RESPONSE OPTION]*

COVID-19 Pandemic

The final set of questions asks about your experiences during the COVID-19 pandemic. When answering, please think about your [FILL Q9 RESPONSE], the setting where you spend the most time providing SUD services to Medicaid beneficiaries.

Q39. Which of the following have you experienced at your [FILL Q9 RESPONSE] during the COVID-19 pandemic? Select all that apply.

- Missed work
- Became unemployed
- Administered COVID-19 testing
- Provided more acute/urgent care visits, as opposed to wellness visits
- Provided more care via telehealth
- Provided fewer patient visits overall (including all visit types)
- Worked longer hours
- Changed delivery of behavioral health services
- Faced a lack of personnel or resources (e.g., facility beds, including residential treatment beds) to meet patient demand
- Had limited access to personal protective equipment (PPE)
- Was not provided with emergency policies/protocols in sufficient time
- Other (please specify) _____
- Did not experience any changes at my practice or facility during the COVID-19 pandemic *[EXCLUSIVE RESPONSE OPTION]*

Q40. [ASK IF Q38=CHANGED DELIVERY OF BEHAVIORAL HEALTH SERVICES] How has the delivery of behavioral health services changed at your [FILL Q9 RESPONSE] during the COVID-19 pandemic? Select all that apply.

- Provided more SUD services through telehealth
- Delayed scheduling visits with new patients for SUD services
- Delayed scheduling routine follow-up visits with patients for SUD services
- Delayed toxicology testing for patients who are prescribed buprenorphine
- Limited ability to provide mental health visits, excluding SUD treatment (e.g., took time away from conducting visits, or limited ability to schedule visits)
- Limited ability to provide SUD services
- Limited ability to provide OUD services, excluding provision of treatment medications (i.e., buprenorphine, methadone, or naltrexone)
- Limited ability to provide OUD treatment medications (i.e., buprenorphine, methadone, or naltrexone)
- Changed buprenorphine prescribing practices (e.g., prescribed larger or smaller supply)
- Changed methadone disbursement practices (e.g., provided more take-home doses)
- Other (please specify) _____

Q41. [ASK IF Q39=MISSED WORK] Why did you miss work at your [FILL Q9 RESPONSE] during the COVID-19 pandemic? Select all that apply.

- Had to self-isolate or self-quarantine
- Volunteered to be away from my practice or facility to provide care to patients at a temporary/emergency location
- Required to provide care away from my practice or facility to provide care to patients at a temporary/emergency location
- Travel restrictions or guidance prevented return to the practice or facility
- My practice or facility closed
- My practice or facility laid off staff or reduced staff hours
- Needed to care for children or other family members
- Other (please specify) _____

That was the last question. Please click on the “Submit” button to submit your responses. Once submitted, your answers cannot be changed.

Thank you!