

# The DASIS Report

July 12, 2007

## Treatment Admissions with Medicaid as the Primary Expected or Actual Payment Source: 2005

The Medicaid program is a significant source of payment for Americans seeking substance abuse treatment. For example, Medicaid may cover detoxification, rehabilitation, and outpatient services, and

many States use Medicaid waivers for managed care programs targeted at substance abuse treatment.<sup>1,2</sup> Medicaid reimburses health care providers for treatment given to eligible low-income individuals and families who cannot pay their medical expenses.<sup>3</sup>

### In Brief

- Medicaid-paid admissions were more likely than other admissions to be younger than 18 years (21 vs. 7 percent)
- Medicaid-paid admissions were more likely than other admissions to be female (52 vs. 30 percent)
- Medicaid-paid admissions were less likely than other admissions to report alcohol as the primary substance of abuse (28 vs. 42 percent) and more likely to report marijuana (26 vs. 17 percent)

Sources of payment, including Medicaid, for substance abuse treatment can be monitored using data from the Treatment Episode Data Set (TEDS), an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse treatment, primarily at facilities that receive some public funding. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.<sup>4</sup>

TEDS includes a Minimum Data Set collected by all States and jurisdictions and a Supplemental Data Set collected by some States and jurisdictions. *Expected/actual primary source of payment* is a Supplemental

Data Set item that identifies the primary source of payment for a treatment episode.<sup>5</sup> This report is based on data from the 27 States or jurisdictions with a response rate of 75 percent or higher on this data element in 2005.<sup>6</sup>

This report compares the characteristics of admissions with Medicaid as the primary expected or actual source of payment (referred to in this report as “Medicaid-paid”) with those of all other admissions with a known primary expected or actual source of payment.

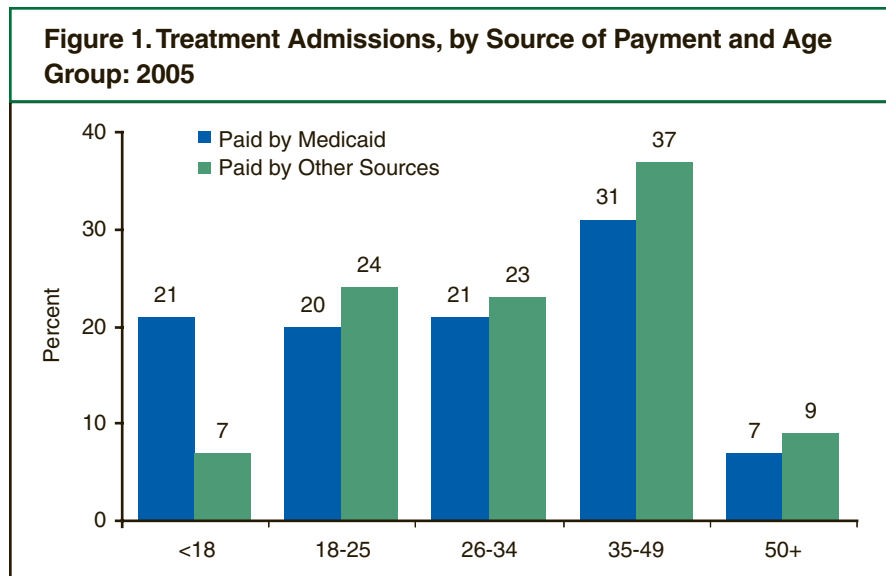
## Medicaid-Paid Admissions

In 2005, there were almost 614,300 substance abuse treatment admissions with known primary source of payment in the States with sufficient data for analysis. Nearly 81,100 of these admissions (13 percent) reported Medicaid as their primary expected or actual source of payment. Other sources of payment included other government payments<sup>7</sup> (35 percent), self-pay (23 percent), no charge (free, charity, special research, or teaching) (12 percent), Blue Cross/Blue Shield (2 percent), other health insurance companies (4 percent), Medicare (1 percent), worker’s compensation (less than 1 percent), or other unspecified sources (10 percent).

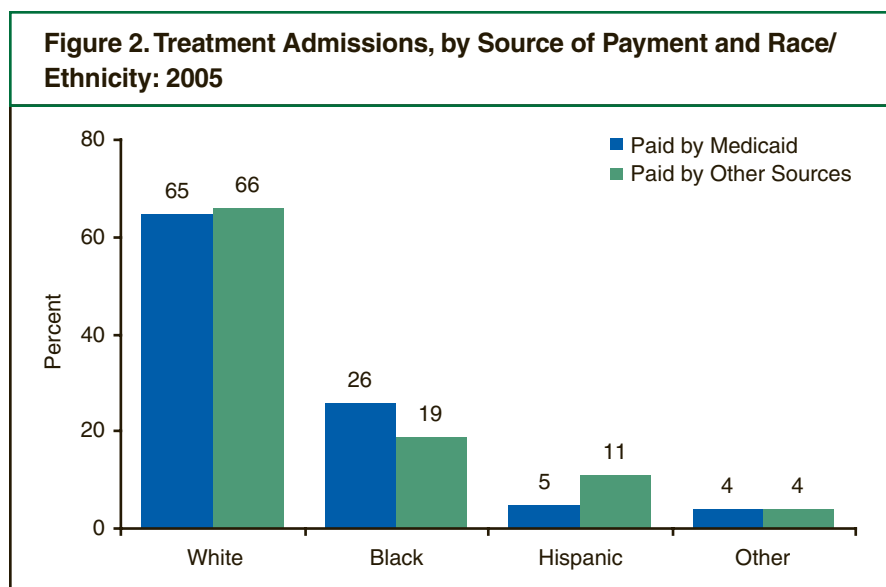
## Sociodemographics

Compared to admissions paid by other sources, higher proportions of Medicaid-paid substance abuse treatment admissions in 2005 were young, female, and/or Black. Medicaid-paid admissions were more likely than other admissions to be younger than 18 years old (21 vs. 7 percent) (Figure 1) and more likely to be female (52 vs. 30 percent). Medicaid-paid admissions were also more likely than those paid by other sources to be Black (26 vs. 19 percent) and less likely to be Hispanic (5 vs. 11 percent) (Figure 2).

Medicaid-paid admissions aged 18 and older were more likely than other admissions in that age group to be “not



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).



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in the labor force” (42 vs. 26 percent) and less likely to be employed full time (8 vs. 28 percent). However, Medicaid-paid and other admissions showed less difference in their proportions of admissions that were unemployed (44 vs. 38 percent) or employed part time (6 vs. 8 percent).<sup>8</sup>

## Primary Substance of Abuse

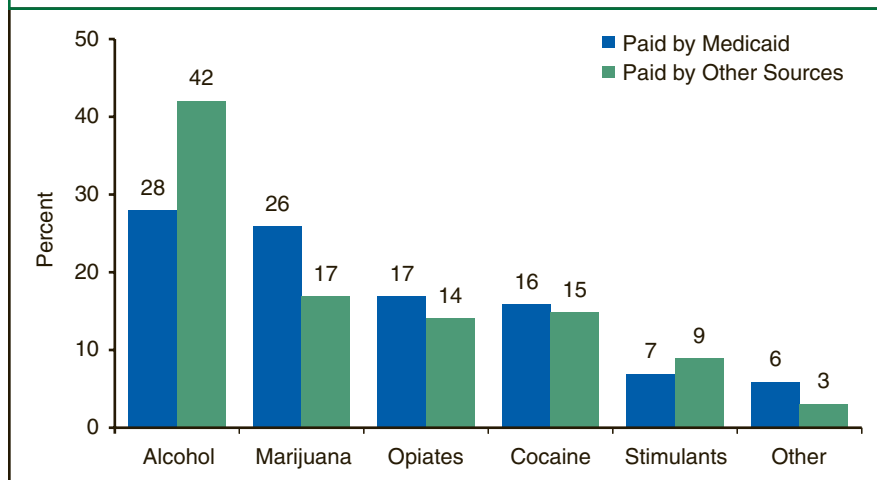
The majority of both Medicaid-paid admissions and other admissions

reported alcohol or marijuana as the primary substance of abuse in 2005.<sup>9</sup> However, Medicaid-paid admissions were less likely than other admissions to report alcohol as the primary substance of abuse (28 vs. 42 percent) and more likely to report marijuana (26 vs. 17 percent) (Figure 3).

## Source of Referral

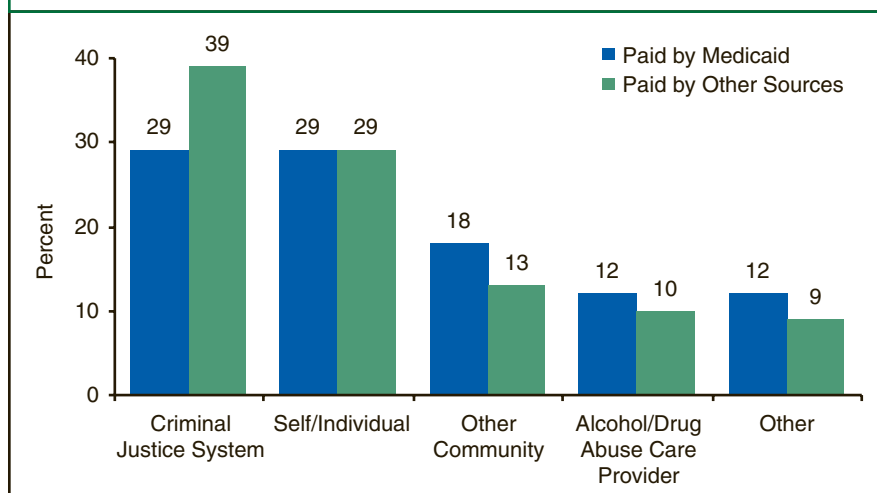
In 2005, admissions primarily paid or expected to be paid by Medicaid were less likely than admissions paid

**Figure 3. Treatment Admissions, by Source of Payment and Primary Substance of Abuse: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

**Figure 4. Treatment Admissions, by Source of Payment and Source of Referral: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

by other sources to be referred by the criminal justice system (29 vs. 39 percent) and more likely to be referred to substance abuse treatment by community providers (18 vs. 13 percent) (Figure 4).

sources to receive detoxification treatment services (9 vs. 24 percent), more likely to receive ambulatory treatment services (77 vs. 60 percent), and about as likely to receive rehabilitation/residential treatment services (14 vs. 16 percent).

## Service Setting

The type of substance abuse treatment service to which clients were admitted differed by source of payment.<sup>10</sup> In 2005, Medicaid-paid admissions were less likely than those paid by other

<sup>2</sup> Medicaid waivers allow States flexibility in operating Medicaid programs. Managed Care waivers allow States to mandate enrollment of beneficiaries into managed care organizations or create special delivery systems for behavioral health care. For more information, see <http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/>.

<sup>3</sup> Medicaid is a State-administered program available only to certain low-income individuals and families who fit into an eligibility group that is recognized by Federal and State law. Eligibility for children is based on the child's status, not the parent's. For more information, see <http://www.cms.hhs.gov/MedicaidGenInfo/>.

<sup>4</sup> In 2005, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, NM, and WY) did not submit data in 2005.

<sup>5</sup> *Expected/actual primary source of payment* identifies the primary source of payment for a treatment episode. Sources of payment include: self-pay, Blue Cross/Blue Shield, Medicare, Medicaid, other government payments, worker's compensation, other health insurance companies, no charge (free, charity, special research, or teaching), or other.

<sup>6</sup> The 27 States and jurisdictions which reported *expected/actual primary source of payment* for at least 75 percent of all admissions in 2005—AL, AR, CO, DE, GA, HI, IA, ID, KS, KY, LA, MO, MS, ND, NH, NJ, NV, OH, PA, PR, RI, SC, SD, TX, UT, VT, and WV—accounted for 35 percent of all substance abuse treatment admissions.

<sup>7</sup> "Other government payments" covers payments by Federal, State, or local governments besides Medicare, Medicaid, and worker's compensation, which are separate categories under *Expected/Actual Primary Source of Payment*. This category includes, for example, the Department of Veterans Affairs, CHAMPUS, Temporary Assistance for Needy Families (TANF), drug courts, State Departments of Health, I-Hawk (Iowa), Texas Workforce Commission, and NJ Family Care (New Jersey), etc.

<sup>8</sup> *Not in the labor force* includes those not looking for work during the past 30 days, students, homemakers, disabled or retired persons, or inmates of an institution. *Unemployed*, by contrast, includes admissions currently seeking work. Analysis of these and other *employment status* categories is restricted to admissions aged 18 or older.

<sup>9</sup> The *primary substance of abuse* is the main substance reported at the time of admission.

<sup>10</sup> *Service settings* are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

## Suggested Citation

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## End Notes

<sup>1</sup> U.S. Department of Health and Human Services. (2006). Fact sheet: *Substance abuse – A national challenge: Prevention, treatment and research at HHS*. Washington, DC. Retrieved March 6, 2007, from <http://www.hhs.gov/news/factsheet/subabuse.html>.

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Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

## Treatment Admissions with Medicaid as the Primary Expected or Actual Payment Source: 2005

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The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the Treatment Episode Data Set (TEDS). TEDS is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. State admission data are reported to TEDS by the Single State Agencies (SSAs) for substance abuse treatment. There are significant differences among State data collection systems. Sources of State variation include completeness of reporting, facilities reporting TEDS data, clients included, and treatment resources available. See the annual TEDS reports for details. Approximately 1.8 million records are included in TEDS each year.

*The DASIS Report* is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

**Information and data for this issue are based on data reported to TEDS through February 1, 2006.**

Access the latest TEDS reports at:  
<http://www.oas.samhsa.gov/dasis.htm>

Access the latest TEDS public use files at:  
<http://www.oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:  
<http://www.oas.samhsa.gov>



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