

# Survey Registration

## Respondent Information

**Identification #:** 123456

**Facility:** \*TEST SITE\*

**Survey:** CD

**Survey Year:** 2024 ▼

**Respondent First Name:**  \*

**Respondent Last Name:**  \*

**Respondent Phone:**  \*

**Respondent eMail:**  \*

**Respondent Additional eMail:**

**Administrator First Name:**  \*

**Administrator Last Name:**  \*

**Administrator Phone:**  \*

**Administrator eMail:**  \*

**Administrator Additional eMail:**

# 2024 Instructions for Survey

## Chemical Dependency

This survey is for the reporting period: January 1, 2024 through December 31, 2024.

INTRODUCTION: Data submission is required by 900 KAR 6:125. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online. The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. All data must be accurate and complete before the survey will be considered acceptable. Surveys are due March 15, 2025. This survey is for the period January 1, 2024 through December 31, 2024. You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey may result in your facility being reported to the Office of Inspector General for a possible licensure deficiency.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 900 KAR 6:125. All items must be complete and accurate before this survey will be considered acceptable.

Please retain a copy of the completed survey in your files for reference. It is not necessary to send a copy of the survey by mail. Surveys are accepted via the secure website submission. The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/os/oig/dcn/Pages/annualreports.aspx>.

The data you submit through the on-line survey will remain confidential until the reporting deadline posted on the survey. The final, published report will be posted on the web as well.

During the survey completion period you will have access to your facility's survey and the ability to change, update, and enter new data. No matter who enters the data, the administrator is still responsible for verification of final data and must complete the final verification page before the on-line survey will be accepted. An immediate e-mail notice will be sent to the administrator upon receipt of the completed survey (Please confirm that the administrator's email address has been entered correctly).

Some data elements can be obtained and or verified through administrative claims data.

Requests for an extension of the survey deadline must go through a survey administrator and be approved.

[Continue](#)

## Survey Administrator Information

Michele Bushong  
Cabinet for Health and Family Services  
(502) 564-5798  
[consurvey@ky.gov](mailto:consurvey@ky.gov)

# 2024 Chemical Dependency Survey

## Utilization and Census

### INSTRUCTIONS (Please read all items carefully) Complete all items.

- Data is for the primary Substance Use Disorder diagnosis identified for the client's admission and treatment to the program. Data is for unduplicated clients.
- Beds In Operation: Number of beds, regularly maintained (set up and staffed for use) for inpatients during the reporting period.
- Admissions: Number of patients, accepted for inpatient service during the reporting period (Jan 1- Dec 31).
- Inpatient Days: Number of days of care, rendered during the entire reporting period (Jan 1- Dec 31).
- Discharges: Patients that were discharged during the reporting period (Jan 1- Dec 31).
- Discharge Days: Sum of the Length of Stay (LOS) of discharged patients during reporting period (Jan 1- Dec 31).
- Average Length of Stay (ALOS): Average stay of inpatients during the reporting period. Derived by dividing the number of discharge days by the number of discharges.
- Occupancy Percent: Inpatient days divided by the number of licensed beds, times the number of days in the reporting period.  $[\text{Inpatient Days}] / ([\text{Licensed Beds}] \times \text{Days in Reporting Period})$
- If number of licensed beds changes between the first day of the reporting period and the last day of the reporting period, please give date and type of change by category in the comment box.

### Utilization and Service

Service Unit	Admissions	Number of Inpatient Days	Number of Discharges	Number of Discharge Days
Alcohol	0	0	0	0
Alcohol (Primary) & Drugs	0	0	0	0
Opioid	0	0	0	0
Opioid (Primary) & Alcohol/Other Drugs	0	0	0	0
Amphetamine	0	0	0	0
Amphetamine (Primary) & Alcohol/Other Drugs	0	0	0	0
Cocaine	0	0	0	0
Cocaine (Primary) & Alcohol/Other Drugs	0	0	0	0
Sedative, Hypnotic (Benzodiazepines/Barbiturates)	0	0	0	0
Sedative, Hypnotic (Benzodiazepines/Barbiturates Primary) & Alcohol/Other Drugs	0	0	0	0
Other Drugs Not Listed Above	0	0	0	0
Total by Admissions	0	0	0	0

## Census Data

Chemical Dependency census as of midnight:

**December 31, 2023**

**December 31, 2024**

## Licensure Category

**Licensed CD beds as of Jan 1, 2025 (Per Licensing and Regulation)**

**Number of Licensed CD beds as of Jan 1, 2024**

Number of Licensed CD beds as of Dec 31, 2024

### Beds In Operation

CD Beds In Operation as of Dec 31, 2024

### Notes

Comment

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**Save**

**Continue**

# 2024 Chemical Dependency Survey

## Admissions by Age

**INSTRUCTIONS (Please read all items carefully) Complete all items.**

- Data is for the primary Substance Use Disorder diagnosis identified for the client's admission and treatment to the program. Data is for unduplicated clients.
- Diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders DSM - 5 (5th Edition) Criteria.
- Report the last known age of the patient at the time of discharge.

Admissions by Age Group

Admissions by Age Group with Primary DX	Children (0-12)	Adolescents (13-17)	Adults (18-26)	Adults (27-64)	Adults (65 and Older)	Total by DX
Alcohol	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Alcohol (Primary) & Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Opioid	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Opioid (Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Amphetamine	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Amphetamine (Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Cocaine	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Cocaine (Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Sedative, Hypnotic (Benzodiazepines/Barbiturates)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Sedative, Hypnotic (Benzodiazepines/Barbiturates Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Other Drugs Not Listed Above	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Totals by Age	0	0	0	0	0	

## Admissions by Age Notes

Comment

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Save

Continue

# 2024 Chemical Dependency Survey

## Chemical Dependency Discharge Data

**INSTRUCTIONS (Please read all items carefully) Complete all items.**

- A patient should be placed in the age group in which they belong at time of discharge and their discharge status.
- Discharge - Is the discharge status of the patient at the time of discharge. Patients on leave where there is a bed hold should not be counted as a readmission or repeat discharge.
- Report the last known age of the patient at the time of discharge.

Discharges by Age Group

Discharges by Age Group and Location:	Hospital	Other Residential Program	Outpatient Treatment	After Care Groups	Transitional Housing	Left Against Staff Advice	Discharged Other	Total by Age
Children (0-12)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Adolescents (13-17)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Adults (18-26)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Adults (27-64)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Adults (65 & Older)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Totals by Discharge	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

### Comments

Comment

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**Save**

**Continue**

# 2024 Chemical Dependency Survey

## Payor Source

**INSTRUCTIONS (Please read all items carefully) Complete all items.**

- Private Insurance - Insurance obtained through an employer or individual policies including supplemental policies.
- Self-Pay - payment by patient, SSI, family member or other person.
- Other - non-insurance payment including local or state funds, grant funding, charitable sources or voucher programs.
- If a patient has multiple payor sources, please list the admission and all of their patient days under the primary payor.

Payor Source

Payor Source	Admissions	Inpatient Days
Medicare	0 <input type="text"/>	0 <input type="text"/>
Medicaid	0 <input type="text"/>	0 <input type="text"/>
Private Insurance	0 <input type="text"/>	0 <input type="text"/>
Self-Pay	0 <input type="text"/>	0 <input type="text"/>
Other Payor	0 <input type="text"/>	0 <input type="text"/>
Totals	0	0

## Comments

Comment

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**Save**

**Continue**

# 2024 Chemical Dependency Survey

## Medically Assisted Withdrawal Management

### INSTRUCTIONS (Please read all items carefully) Complete all items.

- Indicate the medication used for client's with opioid use disorder who are receiving Medication Assisted Therapy as part of their residential treatment.
- Patients - is a count of those that received Medically Assisted treatment.
- Treatment Days - is the count of accumulated treatment days for those that received Medically Assisted Withdrawal Management. Include only the days in which the patients were given medication for withdrawal, not all inpatient days.

### Withdrawal Management

Withdrawal Management	Patients	Treatment Days
Medicare	0 <input type="text"/>	0 <input type="text"/>
Medicaid	0 <input type="text"/>	0 <input type="text"/>
Private Insurance	0 <input type="text"/>	0 <input type="text"/>
Self-Pay	0 <input type="text"/>	0 <input type="text"/>
Other Payor	0 <input type="text"/>	0 <input type="text"/>
Totals	0	0

### Comments

Comment

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**Save**

**Continue**

# 2024 Chemical Dependency Survey

## Patient Origin

### INSTRUCTIONS:

- Please provide the number and county of origin for all patients that were treated between Jan 1 - Dec 31. (The county should be where the patients resided before entering the facility for treatment.)
- Select your first county from the drop down box, enter the total patients for each age group and county. Click save to move the county and age group to the grid. Repeat process for each county that had patients that resided there.

### Patient Origin

County / State	Age 0-12	Age 13-17	Age 18-26	Age 27-64	Age 65 & Older	Total of Patients	
Total	0	0	0	0	0	0	

## Patient Origin Data

<b>County / State</b>	<input type="text" value=""/> ▼ *
<b>Age 0-12</b>	<input type="text" value="0"/>
<b>Age 13-17</b>	<input type="text" value="0"/>
<b>Age 18-26</b>	<input type="text" value="0"/>
<b>Age 27-64</b>	<input type="text" value="0"/>
<b>Age 65 &amp; Older</b>	<input type="text" value="0"/>
<b>Comment</b>	<input type="text"/>
	of 255
	<input type="button" value="Save"/> <input type="button" value="Continue"/>

# Chemical Dependency Survey for 2024

## Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of \*TEST SITE\*, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 900 KAR 6:125.

**\*Only verify once the survey is completed.\***

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact Division of CON at consurvey@ky.gov or (502) 564-5798 so this can be corrected.

**Respondent Name:**

**Administrator Name:**

**Original Completion Date:**

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

[Verify and Submit to State](#)

[Print](#)

## Incomplete Survey(s)

### Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
2024	<a href="#">Ambulatory Surgery II</a>		<a href="#">Print Ambulatory Surgery II</a>
2024	<a href="#">Chemical Dependency</a>		<a href="#">Print Chemical Dependency</a>
2024	<a href="#">Home Health II</a>		<a href="#">Print Home Health II</a>
2024	<a href="#">Hospice</a>		<a href="#">Print Hospice</a>
2024	<a href="#">Hospital</a>		<a href="#">Print Hospital</a>
2024	<a href="#">Long Term Care</a>		<a href="#">Print Long Term Care</a>
2024	<a href="#">Magnetic Resonance Imaging</a>	<a href="#">Equip for MRI</a>	<a href="#">Print Magnetic Resonance Imaging</a>
2024	<a href="#">Megavoltage Radiation (Linear Accelerator)</a>		<a href="#">Print Megavoltage Radiation (Linear Accelerator)</a>
2024	<a href="#">Positron Emission Tomography</a>		<a href="#">Print Positron Emission Tomography</a>
2024	<a href="#">Private Duty Nursing</a>		<a href="#">Print Private Duty Nursing</a>
2024	<a href="#">Psychiatric Residential Treatment Facility</a>		<a href="#">Print Psychiatric Residential Treatment Facility</a>