



Audit Summary

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State of Rhode Island Provider Compliance with Opioid Treatment Program Requirements

**Audit Period – January 1, 2023
through December 31, 2024**

AUDIT FINDINGS AND CONCLUSIONS

Our audit found that the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals' (BHDDH) oversight and monitoring did not ensure that Opioid Treatment Program (OTP) providers (providers) consistently complied with federal and state requirements governing the delivery and documentation of OTP services. In a review of 100 sampled claims that were associated with OTP clients, every claim failed to meet at least one compliance requirement. These deficiencies involved inadequate or missing documentation in critical areas such as biopsychosocial (BPS) assessments, person-centered treatment plans, counseling services, toxicology screenings, annual assessments, medical examinations, and care coordination.

Although BHDDH's Licensing and Regulatory Compliance Unit conducted biennial audits of the five providers (100% of OTP providers covering 14 provider locations) included in our review, these oversight activities were not sufficient to ensure full compliance with mandatory regulatory requirements. Our audit identified widespread noncompliance in the 100 OTP sample claims (for medication assisted treatment (MAT)) tested, including most notably:

- 99 instances of noncompliance with MAT requirements.
- 95 instances of noncompliance in BPS assessments either at intake or on the 5-year anniversary.
- 75 instances of noncompliance in person-centered treatment plan six (6) month reviews.
- 70 instances of noncompliance in required counseling sessions.
- 51 instances of noncompliance in annual BPS reviews.
- 50 instances of noncompliance in annual person-centered treatment plans.
- 42 instances of noncompliance in annual medical examinations.
- 22 instances of noncompliance in toxicology screens.

AUDIT OBJECTIVE AND SCOPE

The purpose of this audit is to evaluate whether providers are complying with applicable federal and state requirements when providing and documenting opioid treatment services for Medicaid clients. The audit aims to determine whether BHDDH has implemented effective controls to ensure that OTP providers meet mandatory standards related to client admissions, treatment planning, service delivery, medication management, drug screening, assessments, and required documentation. This audit is intended to identify gaps in compliance that may place clients at risk for poor treatment outcomes and to support recommendations that strengthen program integrity and quality of care.

REPORT SIGNIFICANCE

The United States currently faces a nationwide public health emergency due to the opioid crisis. The high potential for opioid misuse has driven alarming trends across the country, including record numbers of people developing opioid use disorders (OUDs).

Opioids are a class of natural, semi-synthetic, and synthetic drugs that include both prescription pain medications and illegal substances. They are highly addictive, and their use is a leading factor in the drug overdose crisis.

Within Rhode Island, the crisis manifested at a peak of 436 fatal drug overdoses in 2022. Comprehensive efforts over the last decade have resulted in decreases in emergency department visits and fatalities in recent years as illustrated in **Table 1**. OTPs play a critical role by providing evidence-based medications along with counseling and supportive services for individuals diagnosed with OUD.

Table 1

Overdose Statistics - Rhode Island Calendar Years 2021-2025

Year	Emergency Department Visits	Overdose Fatalities	Opioid-related Fatalities
2021	1,991	435	375
2022	1,853	436	358
2023	1,786	404	345
2024	1,407	329	228
2025	1,146	219	159
Total	8,183	1,823	1,465

Sources: RI Department of Health

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AUDIT STANDARDS

This performance audit was conducted in accordance with *Government Auditing Standards (GAS)*. Management's response to the findings and recommendations, including planned corrective actions, are detailed in our report.

AUDIT PROCEDURES

For the 100 MAT claims in our sample, we elected to evaluate compliance with state regulations divided into the following 11 categories:

- 1) Biopsychosocial Assessment at Intake and 5-Year Reassessment;
- 2) Annual Biopsychosocial Assessment Review;
- 3) Annual Person-Centered Treatment Plan;
- 4) Person-Centered Treatment Plan Six (6) Month Review;
- 5) Progress Notes;
- 6) Transition/Discharge Summary and Aftercare Plan;
- 7) Medical Services and Care Coordination;
- 8) Annual Medical Examination;
- 9) Completed Toxicology Screens Eight (8) Times/Year;
- 10) Required Counseling Sessions; and
- 11) Medication Assisted Treatment (MAT) Requirements.

AUDIT RESULTS

Overall Results - The State's oversight during the audit period did not ensure that OTP MAT services provided to Medicaid beneficiaries met federal and state requirements. Of the 100 OTP MAT services we sampled, all 100 claims did not fully meet applicable federal and state requirements. **Table 2** summarizes compliance results by the compliance regulation areas for the 100 sampled OTP MAT services.

Of the eleven specific compliance areas evaluated during our audit, providers obtained 95% compliance with two federal and state requirements related to progress notes and medical services and care coordination.

For the other nine compliance areas evaluated during our audit, we noted significant noncompliance where complete or partial noncompliance exceeded 10% in the client cases reviewed. Compliance results for initial or 5-year BPS assessment, annual treatment plan 6-month reviews, medication assisted treatment requirements, and required counseling sessions were notably deficient with complete or partial noncompliance noted in the majority of sampled client cases.

Our evaluation of MAT services (client methadone treatment) summarizes the cumulative evaluation of federal and state requirements for OTP providers to continue clients on methadone treatment. As shown on **Table 2**, OTP providers were unable to document compliance with the requirements for

MAT services in 99% of the sampled clients tested.

Our results also found clear differences in compliance between individual providers. **Table 3** on the following page provides specific compliance results by individual OTP provider. Very low compliance may signal operational or compliance issues at specific providers, which the regulatory agency should be aware of and may need to follow up on.

Table 2

Testing Results Summary of Results by Compliance Requirement

Compliance Requirement	Compliant	Non-compliant	Partially Compliant	Total
1) Initial or 5-year BPS Assessment	5%	17%	78%	100%
2) Annual BPS Assessment Review (1)	48%	46%	6%	100%
3) Annual Treatment Plan	50%	9%	41%	100%
4) Annual Treatment Plan - 6-month Review (1)	23%	24%	53%	100%
5) Progress Notes	95%	5%	0%	100%
6) Transition/Discharge Summary and Aftercare Plan (1)	22%	0%	78%	100%
7) Medical Services and Care Coordination	95%	5%	0%	100%
8) Annual Medical Examinations	58%	13%	29%	100%
9) Toxicology Screenings	78%	7%	15%	100%
10) Required Counseling Sessions	30%	41%	29%	100%
11) Medication Assisted Treatment Requirements	1%	0%	99%	100%

(1) Compliance percentages are based on reviewed cases in which the requirements were applicable. Annual BPS Review requirements were not applicable to 3 sampled items. Annual Treatment Plan Review requirements were not applicable to 3 sampled items. Transition/Discharge Summary requirements were not applicable to 91 sampled items; program discharge, in particular, was not applicable to the large majority of sampled items during the audit period.

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Table 3

Testing Results
Summary of Compliance Results by Provider

Number of Federal and State Requirements:

OTP Provider	Claims Sampled (#)	Compliant	Not Compliant	Noncompliance Avg. Per Sample Item	Compliance (%)
OTP Provider A	40	1,766	744	18.60	70%
OTP Provider B	20	953	334	16.70	74%
OTP Provider C	20	992	267	13.35	79%
OTP Provider D	15	784	160	10.67	83%
OTP Provider E	5	96	224	44.80	30%
Totals	100	4,591	1,729		

Note: Total Compliance Requirements Evaluated Per Sample Item totaled 88 individual requirements if all were applicable.

AUDIT RECOMMENDATIONS

We recommended that BHDDH:

- 1) Strengthen oversight to ensure providers consistently comply with all federal and state clinical documentation and service delivery requirements.
- 2) Require providers to implement comprehensive internal controls that track completion, timeliness, and accuracy of all required clinical documentation.
- 3) Develop standardized templates, checklists, and documentation guidelines for all major clinical processes and records.
- 4) Provide targeted training and technical assistance to provider staff and supervisors on federal and state requirements for OTP services, including clinical documentation standards.
- 5) Establish documentation quality expectations and require providers to conduct periodic internal audits across all areas of OTP service delivery.
- 6) Implement performance reporting to track OTP compliance across all required clinical and documentation categories.
- 7) Conduct follow-up monitoring of providers with recurring deficiencies to ensure corrective actions are implemented effectively and sustained over time.

OTHER REPORTABLE MATTER

The audit also highlighted an additional matter, requiring reporting under GAS, warranting consideration by those charged with governance of the Medicaid Program. In conjunction with our performance audit, we identified and validated 6,347 potential OTP claims where the Medicaid program reimbursed OTPs for daily methadone encounters instead of the required weekly bundled methadone claim (H0020). Potential overbillings to

Medicaid totaled \$875,696 (federal share - \$656,919) in potential overpayments.

In conjunction with this reportable matter, we recommended that RI Medicaid:

- 1) Conduct a full review of all OTP H0020 claims—both adjudicated and pending—to determine compliance with the weekly bundled methodology and calculate the total amount of overpayments. Recover amounts from providers determined to be improper payments and return the federal share of those payments to the federal government.
- 2) Implement system edits within Medicaid systems to prevent payment of daily H0020 claims when a weekly bundled claim is required and ensure that no more than one weekly bundled claim is paid per beneficiary per week.
- 3) EOHHS should strengthen provider education and issue updated billing guidance to reinforce weekly bundling requirements for OTP services.
- 4) Implement enhanced post-payment monitoring and periodic audits to ensure ongoing compliance and prevent recurrence of improper billing.

The audit report is available on our website - www.oag.ri.gov or by calling the office at 401.222.2435