

Report in Brief

Date: August 2024

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

The United States currently faces a nationwide public health emergency due to the opioid crisis. In 2021 alone, there were more than 80,000 opioid-related overdose deaths in the United States. Opioid treatment programs (OTPs) provide medication coupled with counseling services for people diagnosed with an opioid use disorder. OTPs' failure to comply with Federal and State requirements for providing and documenting opioid treatment services may lead to poor treatment outcomes for individuals, including relapses, overdoses, or deaths. As part of OIG's oversight of States' efforts to combat the opioid crisis, we audited OTP services provided to Medicaid enrollees in Washington State.

Our objective was to determine whether Washington ensured that OTPs complied with Federal and State requirements.

How OIG Did This Audit

Our audit covered the Medicaid OTP services that 22 OTPs in Washington provided from January 1, 2019, through July 31, 2020. We excluded from our audit OTP services provided by tribally owned and operated OTPs.

We selected a random sample of 100 enrollee-months. An enrollee-month (which we refer to as a "sample item") included all OTP services that an OTP provided to an enrollee in a calendar month. We reviewed supporting documentation for each sample item to determine compliance with Federal and State requirements.

Opioid Treatment Programs in Washington State Did Not Fully Comply With Federal and State Requirements, Which May Have Put Medicaid Enrollees at Risk for Poor Treatment Outcomes

What OIG Found

Washington did not ensure that OTPs fully complied with Federal and State requirements for OTP services they provided. Of the 100 sample items, 4 met the requirements, but 96 sample items did not meet the requirements. Among other findings, we found that OTPs did not adequately document enrollee admissions, treatment plans, opioid treatment services, the results of drug screens, checks of Washington's prescription drug monitoring program (PDMP) prescription data, and enrollee assessments. We also found that OTPs did not provide take-home medications in accordance with Federal and State requirements. These deficiencies occurred, in part, because Washington's oversight was not effective in ensuring that OTPs complied with Federal and State requirements for providing and documenting OTP services.

On the basis of our sample results, we estimated that OTPs did not comply with Federal and State requirements for 132,002 enrollee-months, or 96 percent of the enrollee-months in our audit period. OTPs' lack of compliance with Federal and State requirements may have put enrollees at risk for poor treatment outcomes, including relapses, overdoses, or deaths.

What OIG Recommends and Washington Comments

We recommend that the Washington State Health Care Authority work with its contracted managed care organizations and the Department of Health to ensure that OTPs comply with Federal and State requirements for providing and documenting OTP services, including ensuring that OTPs: (1) adequately document enrollee admissions, treatment plans, opioid treatment services, the results of drug screens, checks of Washington PDMP prescription data, and enrollee assessments; and (2) provide take-home medications in accordance with Federal and State requirements. The report contains additional procedural recommendations.

The Health Care Authority concurred with all of our recommendations and described actions that it planned to take to address them. These planned actions include partnering with the Department of Health to update the Washington Administrative Code (WAC) to reflect alignment with new Federal regulations for OTPs that were enacted on April 2, 2024, and developing procedures to review compliance with those regulations and the WAC.