



OHIO AUDITOR OF STATE
KEITH FABER





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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS OF THE MEDICAID PROGRAM APPLICABLE TO SELECT BEHAVIORAL HEALTH SERVICES

Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, Ohio 43215

RE: RRS Ohio Drug & Alcohol Counseling LLC
Ohio Medicaid Number: 0011006

National Provider Identifier: 1003547837

We examined compliance with specified Medicaid requirements for provider qualifications, service documentation, service authorization and coverage limitations related to the provision of select behavioral health services as listed below during the period of May 29, 2023 through December 31, 2023 for RRS Ohio Drug & Alcohol Counseling (RRS Ohio). We tested the following services:

- The one service date in which 25 hours (100 units) of case management services were billed for a recipient;
- All instances in which more than one per diem group counseling service at the intensive outpatient level of care (hereafter referred to as IOP) or partial hospitalization level of care (hereafter referred to as PHP) was billed for the same recipient on the same day;
- All instances in which more than one urinalysis was billed for the same recipient on the same day;
- All instances in which more than one psychiatric diagnostic evaluation was billed for the same recipient in the same calendar year;
- A sample of remaining IOP services;
- A sample of remaining partial hospitalization services; and
- A recipient date of service (RDOS)¹ sample of 60-minute psychotherapy services.

RRS Ohio entered into an agreement with the Ohio Department of Medicaid (the Department) to provide services to Medicaid recipients and to adhere to the terms of the provider agreement, Ohio Revised Code, Ohio Administrative Code, and federal statutes and rules, including the duty to maintain all records necessary and in such form so as to fully disclose the extent of services provided and significant business transactions. Management of RRS Ohio is responsible for its compliance with the specified requirements. The Compliance Section of this report identifies the specific requirements examined. Our responsibility is to express an opinion on RRS Ohio's compliance with the specified Medicaid requirements based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants (AICPA). Those standards require that we plan and perform the examination to obtain reasonable assurance about whether RRS Ohio complied, in all material respects, with the specified requirements referenced above. We are required to be independent of RRS Ohio and to meet our ethical responsibilities, in accordance with the ethical requirements established by the AICPA related to our compliance examination.

¹ A RDOS is defined as all services for a given recipient on a specific date of service.

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An examination involves performing procedures to obtain evidence about whether RRS Ohio complied with the specified requirements. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our modified opinion. Our examination does not provide a legal determination on RRS Ohio's compliance with the specified requirements.

Internal Control over Compliance

RRS Ohio is responsible for establishing and maintaining effective internal control over compliance with the Medicaid requirements. We did not perform any test of the internal controls, and we did not rely on the internal controls in determining our examination procedures. Accordingly, we do not express an opinion on the effectiveness of the RRS Ohio's internal control over compliance.

Basis for Qualified Opinion

Our examination disclosed that, in a material number of instances, RRS Ohio billed for more than one IOP, PHP or urinalysis for the same recipient on the same day and RRS Ohio did not have documentation to support the sampled psychotherapy services.

Qualified Opinion on Compliance

In our opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, RRS Ohio has complied, in all material respects, with the select requirements for the selected services for the period of May 29, 2023 through December 31, 2023. Our testing was limited to the specified Medicaid requirements detailed in the Compliance Section. We did not test other requirements and, accordingly, we do not express an opinion on RRS Ohio's compliance with other requirements.

We identified improper Medicaid payments in the amount of \$4,132.31. This finding plus interest in the amount of \$166.42 (calculated as of July 2, 2025) totaling \$4,298.73 is due and payable to the Department upon its adoption and adjudication of this examination report. Services billed to and reimbursed by the Department, which are not validated in the records, are subject to recoupment through the audit process per Ohio Admin. Code 5160-1-27.

This report is intended solely for the information and use of RRS Ohio, the Department and other regulatory and oversight bodies, and is not intended to be, and should not be used by anyone other than these specified parties.

KEITH FABER
Ohio Auditor of State



Tiffany L Ridenbaugh, CPA, CFE, CGFM
Chief Deputy Auditor

August 14, 2025

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COMPLIANCE SECTION

Background

Title XIX of the Social Security Act, known as Medicaid, provides federal cost-sharing for each State's Medicaid program. The rules and regulations for the program are specified in the Ohio Administrative Code and the Ohio Revised Code. Medicaid providers must "maintain all records necessary and in such form so as to fully disclose the extent of services provided and significant business transactions" for a period of six years from receipt of payment or until any audit initiated within the six-year period is completed. Per Ohio Admin. Code 5160-1-17.2(D) and (E), providers must furnish such records for audit and review purposes.

RRS Ohio is an Ohio Department of Mental Health and Addiction Services certified agency (provider type 95) with five locations located in Chesapeake, Ohio and received payment of approximately \$1 million under the provider number examined for over 11,000 substance use disorder services.²

Purpose, Scope, and Methodology

The purpose of this examination was to determine whether RRS Ohio's claims for payment complied with Ohio Medicaid regulations. Please note that all rules and code sections relied upon in this report were those in effect during the examination period and may be different from those currently in effect.

The scope of the engagement was limited to services, as specified below, for which RRS Ohio billed with dates of service from May 29, 2023 through December 31, 2023 and received payment.

We obtained RRS Ohio's fee-for-service claims from the Medicaid database of services billed to and paid by Ohio's Medicaid program. We obtained paid claims data from three Medicaid managed care entities (MCEs) and confirmed the services were paid to RRS Ohio's tax identification number. From the fee-for-service and MCE claims data, we removed all services paid at zero and Medicare crossover claims. The scope of our examination included testing procedures related to select services as identified in the Independent Auditor's Report.

The exception tests and calculated sample sizes are shown in **Table 1**.

Table 1: Exception Tests and Samples			
Universe	Population Size	Sample Size	Selected Services
Exception Tests			
100 Units of Case Management (H0006)			2
More than one IOP (H0015) or PHP (H0015)			180
More than one Urinalysis (H0048)			40
More than one Diagnostic Evaluation (90791)			8
Samples			
IOP Services (H0015) ¹	5,992	82	82
PHP Services (H0015) ²	196	60	60
60-minute Psychotherapy Services (90837)	1,979 RDOS	60 RDOS	63
Total			435

¹ These services consisted of H0015 services paid at the IOP rate of \$103.04 or \$149.88.

² These services consisted of H0015 services paid at the PHP rate of \$154.56 or \$224.82.

² Based on payments from the Medicaid claims database.

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Purpose, Scope, and Methodology (Continued)

A notification letter was sent to RRS Ohio setting forth the purpose and scope of the examination. During the entrance conference, RRS Ohio described its documentation practices and billing process. During fieldwork, we obtained an understanding of the electronic health record system used, reviewed service documentation and verified professional licensure. We sent preliminary results to RRS Ohio, and it subsequently submitted additional documentation which we reviewed for compliance prior to the completion of our fieldwork.

Results

The summary results are shown in **Table 2**. The non-compliance and basis for findings is discussed below in further detail.

Table 2: Results				
Universe	Services Examined	Non-compliant Services	Non-compliance Errors	Improper Payment
Exception Tests				
100 Units of Case Management	2	1	1	\$1,016.08
More than One IOP or PHP	180	17	17	\$1,858.50
More than One Urinalysis	40	13	13	\$188.24
More than One Diagnostic Evaluation	8	1	1	\$94.45
Samples				
IOP Services	82	1	1	\$149.88
PHP Services	60	2	2	\$449.64
60-minute Psychotherapy Services	63	5	5	\$375.52
Total	435	40	40	\$4,132.31

A. Provider Qualifications

Exclusion or Suspension List

Per Ohio Admin. Code 5160-1-17.2(H), in signing the Medicaid provider agreement, a provider agrees that the individual practitioner or employee of the company is not currently subject to sanction under Medicare, Medicaid, or Title XX; or is otherwise prohibited from providing services to Medicaid beneficiaries.

We identified 34 rendering practitioners in the service documentation for the selected services and compared their names to the Office of Inspector General exclusion database and the Department's exclusion/suspension list. We also compared identified administrative staff names to the same database and exclusion/suspension list. We found no matches.

Licensure

For the 34 licensed/certified practitioners identified in the service documentation for the selected services, we verified via the e-license Ohio Professional Licensure System that their licenses or certifications were current and valid on the first date of service found in our selected services and were active during the remainder of the examination.

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B. Service Documentation

In accordance with Ohio Admin. Code 5160-27-02(H), providers shall maintain treatment records and progress notes as specified in rules 5160-1-27 and 5160-8-05 of the Ohio Admin. Code. Per Ohio Admin. Code 5160-8-05(F), documentation requirements include the date, time of day, and duration of service contact. In addition, each record is expected to bear the signature and indicate the discipline of the professional who recorded it.

We obtained service documentation from RRS Ohio and compared it to the required elements. We also compared units billed to documented duration and ensured the services met the duration requirements, where applicable. For errors where units billed exceeded the documented duration, the improper payment was based on the unsupported units.

100 Units of Case Management Exception Test

The two services examined contained one instance in which there was no service documentation to support the service. This error resulted in the improper payment amount of \$1,016.08.

IOP Services Sample

All 82 services examined were supported by documentation that contained the required elements.

PHP Services Sample

The 60 services examined contained two instances in which the length of the service did not meet the minimum duration requirement of three hours and one minute per the Medicaid Behavioral Health State Plan Services Provider Requirements and Reimbursement Manual. These two errors resulted in the improper payment amount of \$449.64.

60-minute Psychotherapy Services Sample

The 63 services examined contained four instances in which there was no service documentation to support the service and one instance in which the length of the service did not meet the required minimum duration per the Medicaid Behavioral Health State Plan Services Provider Requirements and Reimbursement Manual. These five errors resulted in the improper payment amount of \$375.52.

Recommendation

RRS Ohio should develop and implement procedures to ensure that all service documentation and billing practices fully complies with requirements contained in Ohio Medicaid rules. In addition, RRS Ohio should implement a quality review process to ensure that documentation is complete and accurate prior to submitting claims for reimbursement. RRS Ohio should address the identified issues to ensure compliance with Medicaid rules and avoid future findings.

C. Authorization to Provide Services

A treatment plan must be completed within five sessions or one month of admission, whichever is longer, must specify mutually agreed treatment goals and track responses to treatment and is expected to bear the signature of the professional who recorded it in accordance with Ohio Admin. Code 5160-27-02(H) and 5160-8-05(F).

We obtained treatment plans from RRS Ohio to confirm if the treatment plan indicated the service examined and was signed by the recording practitioner. We limited our testing of treatment plans to the sampled services described below.

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C. Authorization to Provide Services (Continued)

IOP Services Sample

The 82 services examined contained one instance in which there was no treatment to support the service. This error resulted in the improper payment amount of \$149.88.

PHP Services Sample

All 60 services examined were supported by a signed treatment plan.

60-minute Psychotherapy Services Sample

The 63 services examined were supported by a signed treatment plan.

Recommendation

RRS Ohio should establish a system to ensure that plans of care authorizing the service are obtained prior to submitting claim for services to the Department. RRS Ohio should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

D. Medicaid Coverage

More than One IOP or PHP Exception Test

Per Ohio Admin. Code 5160-1-17.2, by signing the Medicaid Provider Agreement the provider agrees to comply with the terms of the provider agreement, Ohio Revised Code, Ohio Administrative Code, and federal statutes and rules; and the provider certifies and agrees to submit claims only for services performed.

The claims data indicated there were 180 instances in which more than one per diem IOP or PHP service was reimbursed for the same recipient on the same day. We inquired with the MCEs to confirm the paid status of these services and determined in 163 instances that the service was either a claim adjustment or the recipient had two types of insurance resulting in what appeared to be a duplicate payment. In the remaining 17 instances, we confirmed a duplicate per diem payment was reimbursed for the same recipient on the same day. These 17 errors resulted in the improper payment amount of \$1,858.50.

More than One Urinalysis Exception Test

Ohio Admin. Code 5160-27-02(C)(2) limits substance use disorder urine drug screening to one per day, per recipient. We confirmed with the two impacted MCEs that it imposed the same limitation.

The claims data indicated there were 40 instances in which more than one urinalysis was reimbursed for the same recipient on the same day. We inquired with the MCEs to confirm the paid status of these services and determined in 27 instances that the service was either a claim adjustment or the recipient had two types of insurance resulting in what appeared to be a duplicate payment. In the remaining 13 instances, we confirmed a duplicate urinalysis was reimbursed for the same recipient on the same day. These 13 errors resulted in the improper payment amount of \$188.24.

More than One Diagnostic Evaluation Exception Test

Ohio Admin. Code 5160-27-02(B)(4) limits psychiatric diagnostic evaluations to one per recipient, per calendar year, per billing provider. We confirmed with the one impacted MCE that it did not impose the limitation.

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D. Medicaid Coverage (Continued)

We examined eight instances in which more than one psychiatric diagnostic evaluation was reimbursed for the same recipient in a calendar year. Seven of these instances were paid by the MCE that did not impose the limitation. In the remaining instance, Medicaid's coverage limitation was exceeded, and no prior authorization was obtained. This error resulted in the improper payment amount of \$94.45.

Recommendation

RRS Ohio should ensure that services billed to Medicaid are consistent with coverage and limitations contained in the Ohio Admin. Code. RRS Ohio should address the identified issue to ensure compliance with Medicaid rules and avoid future findings.

Official Response

RRS Ohio declined to submit an official response to the results stated above.

OHIO AUDITOR OF STATE KEITH FABER



RRS OHIO DRUG & ALCOHOL COUNSELING LLC

LAWRENCE COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 8/28/2025

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This report is a matter of public record and is available online at
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