



Testimony
Before the Committee on Finance,
United States Senate

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**SUBSTANCE USE
DISORDER**

**Prevalence of Recovery
Homes, and Selected
States' Investigations and
Oversight**

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GAO Highlights

Highlights of [GAO-20-214T](#), a testimony before the Committee on Finance, United States Senate

Why GAO Did This Study

Substance abuse and illicit drug use, including the use of heroin and the misuse of alcohol and prescription opioids, is a growing problem in the United States. Individuals with a substance use disorder may face challenges in remaining drug- and alcohol-free. Recovery homes can offer safe, supportive, drug- and alcohol-free housing to help these individuals maintain their sobriety and can be an important resource for recovering individuals. However, as GAO reported in March 2018, some states have conducted investigations of potentially fraudulent practices in some recovery homes.

This statement describes (1) what is known about the prevalence of recovery homes across the United States; and (2) investigations and actions selected states have undertaken to oversee such homes. It is largely based on GAO's March 2018 report (GAO-18-315). For that report, GAO reviewed national and state data, among other things, and interviewed officials from the Department of Health and Human Services, national associations, and five states—Florida, Massachusetts, Ohio, Texas, and Utah. GAO selected these states based on their rates of opioid overdose deaths, their rates of dependence or abuse of alcohol and other drugs, and other criteria.

View [GAO-20-214T](#). For more information, contact Mary Denigan-Macauley at (202) 512-7114 or deniganmacauleym@gao.gov.

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SUBSTANCE USE DISORDER

Prevalence of Recovery Homes, and Selected States' Investigations and Oversight

What GAO Found

In March 2018, GAO found that the prevalence of recovery homes (i.e., peer-run or peer-managed drug- and alcohol-free supportive homes for individuals in recovery from substance use disorder) was unknown. Complete data on the prevalence of recovery homes were not available, and there was no federal agency responsible for overseeing recovery homes that would compile such data. However, two national organizations collected data on the prevalence of recovery homes for a subset of these homes.

- The National Alliance for Recovery Residences (NARR), a national nonprofit and recovery community organization that promotes quality standards for recovery homes, collected data only on recovery homes that sought certification by some of its state affiliates. As of January 2018, NARR told us that its affiliates had certified almost 2,000 recovery homes, which had the capacity to provide housing to over 25,000 individuals.
- Oxford House, Inc. collected data on the number of individual recovery homes it charts. In its 2018 annual report, Oxford House, Inc. reported that there were 2,542 Oxford Houses in 45 states.

The number of recovery homes that were not affiliated with these organizations was unknown.

In March 2018, GAO also found that four of the five states in its review—Florida, Massachusetts, Ohio, and Utah—had conducted, or were in the process of conducting, investigations of potentially fraudulent recovery home activities in their states. Activities identified by state investigators included schemes in which recovery home operators recruited individuals with substance use disorder to specific recovery homes and treatment providers, and then billed those individuals' insurance for extensive and unnecessary drug testing for the purposes of profit. For example, officials from the Florida state attorney's office told GAO that, in some instances, substance use disorder treatment providers were paying \$300 to \$500 or more per week to recovery home operators for every individual the operators referred for treatment. Then, in one of these instances, the provider billed an individual's insurance for hundreds of thousands of dollars in unnecessary drug testing over the course of several months. Further, these officials told GAO that as a result of these investigations at least 13 individuals were convicted and fined or sentenced to jail time.

To increase oversight, officials from three of the five states—Florida, Massachusetts, and Utah—said they had established state certification or licensure programs for recovery homes in 2014 and 2015. Officials from the other two states—Ohio and Texas—had not established such programs, but were providing training and technical assistance to recovery homes.

Chairman Grassley, Ranking Member Wyden, and Members of the Committee:

I am pleased to be here today to discuss our recent report on recovery homes. Substance abuse and illicit drug use, including the use of heroin and the misuse of alcohol and prescription opioids, is a growing problem in the United States. Individuals recovering from substance use disorder (SUD) face challenges remaining alcohol or drug free. Recovery homes can offer safe, supportive, stable living environments to help individuals recovering from SUD maintain an alcohol- and drug-free lifestyle. The Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS) is responsible for promoting SUD prevention, treatment, and recovery services to reduce the impact of SUD on communities, which includes some activities to support recovery homes.¹

We have a growing body of work examining policies and oversight of SUD-related services, including recovery homes. We reported in March 2018 that some states have conducted criminal investigations into recovery home operators and associated SUD treatment providers within their states who have engaged in potential health insurance fraud and exploited residents for the purpose of profit. These investigations included potential fraud that involved Medicaid—which is one of the largest payers of SUD treatment in the United States.²

My testimony today focuses on

1. what is known about the prevalence of recovery homes across the United States; and
2. investigations and actions selected states have undertaken to oversee recovery homes.

¹SAMHSA activities include issuing best practices and suggested guidelines, and making some funds available to states for recovery homes.

²Medicaid is a joint federal-state program that funded medical and other health-care related services for an estimated 75 million low-income and medically needy individuals in fiscal year 2018. According to SAMHSA, in 2015, total spending on SUD treatment across the United States was \$56 billion, and Medicaid spending on SUD treatment accounted for 25 percent of this total. See SAMHSA, *Behavioral Health Spending & Use Accounts 2006-2015*, HHS Pub. No. (SMA) 19-5095 (Rockville, M.D.: 2019). While recovery homes are not eligible providers for the purposes of billing Medicaid, SUD treatment providers may enroll and bill Medicaid.

My statement today is largely based on our March 2018 report describing information on recovery homes.³ For the report, we reviewed available federal and state information and interviewed officials from national organizations that provide or have missions related to recovery homes as well as federal agencies, including SAMHSA and the Centers for Medicare & Medicaid Services—the agency within HHS that is responsible for overseeing Medicaid. For our March 2018 report, we selected a non-generalizable sample of five states for review: Florida, Massachusetts, Ohio, Texas, and Utah. We selected these states based on a variety of criteria, such as the rates of opioid overdose deaths and rates of dependence on or abuse of illicit drugs and alcohol, among others. In each state, we interviewed officials from the state substance abuse agency, state Medicaid agency, state Medicaid Fraud Control Unit, state insurance department, and others.⁴ Our March 2018 report includes a full description of our scope and methodology. Further, this statement reflects the most recent publicly available data on recovery homes from two national nonprofits dedicated to recovery homes—the National Alliance for Recovery Residences (NARR) and Oxford House, Inc.⁵ We conducted the work on which this statement is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our finding and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

SAMHSA and other organizations recognize recovery homes—peer-run and peer-managed supportive homes—as an important step in SUD treatment and recovery. Definitions of and terms for recovery homes can vary, and recovery homes may differ in the types of services offered and resident requirements. Alcohol- and drug-free homes for individuals

³See GAO, *Substance Use Disorder: Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding*, [GAO-18-315](#) (Washington, D.C.: Mar. 22, 2018).

⁴Medicaid Fraud Control Units investigate and prosecute Medicaid provider fraud, as well as patient abuse or neglect in health care and related facilities.

⁵NARR is a national nonprofit and recovery community organization that aims to support individuals in recovery by improving their access to quality recovery residences through standards, supportive services, placement, education, research, and advocacy. Oxford House, Inc. is a national nonprofit corporation that serves as an umbrella organization to connect individual Oxford Houses.

recovering from SUD may be referred to as “recovery residences,” “sober homes,” or other terms. For the purposes of our March 2018 report, we used the term “recovery homes” to refer to peer-run, nonclinical living environments for individuals recovering from SUD in general.

Recovery homes generally are not considered to be residential treatment centers, are not eligible to be licensed providers for the purposes of billing private insurance or public programs—such as Medicaid—and residents typically have to pay rent and other home expenses themselves. Recovery home residents may separately undergo outpatient clinical SUD treatment, which is typically covered by health insurance. In addition, recovery homes may encourage residents to participate in mutual aid or self-help groups (e.g., 12-step programs such as Alcoholics Anonymous) and may require residents to submit to drug screening to verify their sobriety. Residents may be referred to recovery homes by treatment providers, the criminal justice system, or may voluntarily seek out such living environments.

Nationwide Prevalence of Recovery Homes Was Unknown

In our March 2018 report, we found that the prevalence of recovery homes nationwide was unknown, because complete data were not available. We found these data are not collected at the federal level to provide a nationwide picture, in part, because there was no federal agency responsible for overseeing them. However, as we reported in March 2018, two national organizations with missions dedicated to recovery homes collect data on the prevalence and characteristics for a sub-set of recovery homes and the number of homes that were not affiliated with these organizations was unknown.

- NARR collected data on recovery homes that sought certification by one of its 15 state affiliates that actively certify homes.⁶ As we previously reported, as of January 2018, NARR told us that its

⁶As of January 2018, NARR’s membership comprised 27 state affiliates that work to promote and support NARR’s quality standard for recovery housing and other activities in their states. The remaining 12 affiliates support recovery homes in their states by providing information about recovery homes to the public and hearing complaints.

affiliates had certified almost 2,000 recovery homes, which had the capacity to provide housing to over 25,000 individuals.⁷

- Oxford House, Inc. collected data on the prevalence and characteristics of its individual recovery homes (known as Oxford Houses).⁸ In its 2018 annual report, Oxford House, Inc. reported that there were 2,542 Oxford Houses in 45 states.⁹

Most Selected States Had Investigated Potential Fraud Related to Recovery Homes and Taken Steps to Enhance Oversight

⁷NARR-certified recovery homes include recovery homes across all four NARR levels. NARR level I and II residences are primarily self-funded, peer-run, single family homes where residents have an open-ended length of stay. Level II residences typically have a paid house manager or senior resident who oversees the house and its residents. Level III and IV residences are structured or semi-structured living environments with paid facility staff, such as case managers, to assist residents in developing treatment plans and may be licensed by the state if they offer clinical services (such as level IV residential treatment centers). Residential treatment centers were outside the scope of our study; however, the activities of some states in our review may have included more structured facilities (i.e., levels III and IV).

⁸Oxford Houses operate under charters granted by Oxford House, Inc. and are democratically run, self-supporting homes. According to the Oxford House Inc. manual and related documents, all Oxford Houses are rentals and residents are responsible for sharing expenses, paying bills, and immediately evicting residents who drink or use illicit drugs while living in the house.

⁹Of the total number of Oxford Houses in 2018, 69 percent served men and 31 percent served women. The average Oxford House resident age was 39 years, and the average length of stay was about 9 months. See Oxford House, Inc., *Annual Report, FY 2018* (Silver Spring, Md.: Jan. 30, 2019).

Four of Five Selected States Had Conducted Investigations of Recovery Homes

Officials from four of the five selected states we reviewed for our March 2018 report (Florida, Massachusetts, Ohio, and Utah) told us that since 2007, state agencies had conducted, or were in the process of conducting, law enforcement investigations of unscrupulous behavior and potential insurance fraud related to recovery homes.¹⁰ According to the state officials, the outcomes of some of these investigations included criminal charges and changes to health insurance policies.

Across the four states, officials told us that the potential insurance fraud may have relied on unscrupulous relationships between SUD treatment providers (including laboratories that perform tests to check for substance use) and recovery home operators. Officials explained that recovery home operators establish these relationships, because they cannot directly bill health insurance themselves due to the fact that recovery homes are not considered eligible providers for the purposes of billing health insurance. For example, treatment providers may form relationships with recovery home operators who then recruit individuals with SUD in order to refer or require residents to see the specific SUD treatment providers. This practice is known as patient brokering, for which recovery home operators receive kickbacks, such as cash or other remuneration from the treatment provider, in exchange for patient referrals. The extent of potential fraud differed across the four states, as discussed below.

Florida

Officials from several state agencies and related entities described investigations into fraud related to recovery homes in southeastern Florida as extensive, although the scope of the fraud within the industry is unknown. In 2016, the state attorney for the 15th judicial circuit (Palm Beach County) convened a task force composed of law enforcement officials tasked with investigating and prosecuting individuals engaged in fraud and abuse in the SUD treatment and recovery home industries. The task force found that unscrupulous recovery home operators or associated SUD treatment providers were luring individuals into recovery homes using deceptive marketing practices. These practices included online or other materials that willfully misdirected individuals or their family members to recruiters with the goal of sending these individuals to

¹⁰An official from the fifth state, Texas, told us that the state had not conducted any recent law enforcement investigations related to recovery homes. This official told us that the Texas Department of Insurance received two fraud reports in 2014 and 2016 related to recovery homes and that the state was unable to sufficiently corroborate the reports to begin investigations.

specific treatment providers so that the recruiters could receive payments from those treatment providers for each referral. According to officials from the Florida state attorney's office, these individuals—often from out of state—were lured with promises of free airfare, rent, and other amenities to recover in southern Florida's beach climate. Recruiters brokered these individuals to SUD treatment providers, who then billed their private insurance plans for extensive and medically unnecessary urine drug testing and other services. Officials from the Florida state attorney's office told us that SUD treatment providers were paying \$300 to \$500 or more per week to recovery home operators or their staff members for every individual they referred for treatment. In addition, these officials cited one case in which a SUD treatment provider billed an individual's insurance for close to \$700,000 for urine drug testing over a 7-month period. Officials from the state attorney's office noted that the recovery homes that the task force investigated were not shared homes in the traditional, supportive sense, but rather existed as "warehouses" intended to exploit vulnerable individuals.

As a result of these investigations, as of December 2017, law enforcement agencies had charged more than 40 individuals primarily with patient brokering, with at least 13 of those charged being convicted and fined or sentenced to jail time, according to the state attorney's office. In addition, the state enacted a law that strengthened penalties under Florida's patient brokering statute and gave the Florida Office of Statewide Prosecution, within the Florida Attorney General's Office, authority to investigate and prosecute patient brokering.

Massachusetts

An official from the Massachusetts Medicaid Fraud Control Unit told us that the unit began investigating cases of Medicaid fraud in the state on the part of independent clinical laboratories associated with recovery homes in 2007. The unit found that, in some cases, the laboratories owned recovery homes and were self-referring residents for urine drug testing. In other cases, the laboratories were paying kickbacks to recovery homes for referrals for urine drug testing that was not medically necessary. According to the Medicaid Fraud Control Unit official, as a result of these investigations, the state settled with nine laboratories between 2007 and 2015 for more than \$40 million in restitution. In addition, the state enacted a law in 2014 prohibiting clinical laboratory self-referrals and revised its Medicaid regulations in 2013 to prohibit coverage of urine drug testing for the purposes of residential monitoring.

Ohio

At the time of our March 2018 report, Ohio had begun to investigate an instance of potential insurance fraud related to recovery homes, including

patient brokering and excessive billing for urine drug testing. Officials from the Ohio Medicaid Fraud Control Unit told us that the unit began investigating a Medicaid SUD treatment provider for paying kickbacks to recovery homes in exchange for patient referrals, excessive billing for urine drug testing, and billing for services not rendered, based on an allegation the unit received in September 2016. Officials from other state agencies and related state entities, such as the state's substance abuse agency and NARR affiliate, were not aware of any investigations of potential fraud on the part of recovery home operators or associated treatment providers when we interviewed with them. According to these state officials, this type of fraud was not widespread across the state.

Utah

In our March 2018 report, we reported that officials from the Utah Insurance Department told us that the department was conducting ongoing investigations of private insurance fraud similar to the activities occurring in Florida, as a result of a large influx of complaints and referrals the department had received in 2015. These officials told us that the department had received complaints and allegations that SUD treatment providers were

- paying recruiters to bring individuals with SUD who were being released from jail to treatment facilities or recovery homes;
- billing private insurance for therapeutic services, such as group or equine therapy, that were not being provided, in addition to billing frequently for urine drug testing; and
- encouraging individuals to use drugs prior to admission to qualify them and bill their insurance for more intensive treatment.

In addition, insurance department officials told us that they believed providers were enrolling individuals in private insurance plans without telling them and paying their premiums and copays. According to these officials, when doing so, providers may lie about the individuals' income status in order to qualify them for more generous insurance plans. Officials found that providers were billing individuals' insurance \$15,000 to \$20,000 a month for urine drug testing and other services. Officials noted that they suspect that the alleged fraud was primarily being carried out by SUD treatment providers and treatment facilities that also own recovery homes. The officials said the department had not been able to file charges against any treatment providers, because it had been unable to collect the necessary evidence to do so. However, according to the officials, the state enacted legislation in 2016 that gave insurers and state regulatory agencies, such as the state's insurance department and

licensing office, the authority to review patient records and investigate providers that bill insurers. As we noted in our March 2018 report, this authority may help the insurance department and other Utah regulatory agencies better conduct investigations in the future.

Three Selected States Have Established Oversight Programs, and Two Selected States Are Taking Other Steps to Support Recovery Homes

In addition to actions taken in response to state investigations, our March 2018 report described steps taken by three of the five selected states (Florida, Massachusetts, and Utah) to formally increase oversight of recovery homes by establishing state certification or licensure programs. Florida enacted legislation in 2015 and Massachusetts enacted legislation in 2014 that established voluntary certification programs for recovery homes. Further, Florida established a two-part program for both recovery homes and recovery home administrators (i.e., individuals acting as recovery home managers or operators). According to officials from the Florida state attorney's office and Massachusetts Medicaid Fraud Control Unit, their states established these programs, in part, as a result of state law enforcement investigations. Utah enacted legislation in 2014 to establish a mandatory licensure program for recovery homes. According to officials from the Utah substance abuse agency and the state licensing office, Utah established its licensure program, in part, to protect residents' safety and prevent their exploitation and abuse.

In our March 2018 report, we found that although state recovery home programs in Florida and Massachusetts are voluntary, there are incentives for homes to become certified under these states' programs, as well as incentives to become licensed under Utah's programs. Specifically, all three states require that certain providers refer patients only to recovery homes certified or licensed by their state program; therefore, uncertified and unlicensed homes in the three states are ineligible to receive patient referrals from certain treatment providers.¹¹ Further, state officials told us that state agencies are taking steps to ensure providers are making appropriate referrals. For example, according to officials from the Florida substance abuse agency, treatment providers may refer individuals to certified recovery homes managed by certified recovery home administrators only and must keep referral records.

¹¹In Massachusetts, this requirement applies to referrals from state agencies and state-funded providers only. In Utah, this requirement applies to referrals from the criminal justice system, such as drug courts.

To become state-certified or licensed, recovery homes in Florida, Massachusetts, and Utah must meet certain program requirements, including training staff, submitting documentation (such as housing policies and a code of ethics), and participating in onsite inspections to demonstrate compliance with program standards. However, specific requirements differ across the three states. For example, while all three state programs require recovery home operators or staff to complete training, the number of hours and training topics differ. In addition, for recovery homes to be considered certified in Florida, they must have a certified recovery home administrator. Similar to Florida's certification program for the homes, individuals seeking administrator certification must meet certain program requirements, such as receiving training on recovery home operations and administration, as well as training on their legal, professional, and ethical responsibilities. Features of the state-established oversight programs also differ across the three states, including program type, type of home eligible for certification or licensure, certifying or licensing body, and initial fees.

As we noted in our March 2018 report, the state-established oversight programs in Florida, Massachusetts, and Utah also include processes to monitor certified or licensed recovery homes, and take action when homes do not comply with program standards. For example, an official from the Florida Association of Recovery Residences—the organization designated by the state to certify recovery homes—told us that the entity conducts random inspections to ensure that recovery homes maintain compliance with program standards. State-established oversight programs in the three states also have processes for investigating grievances filed against certified or licensed recovery homes. Further, officials from certifying or licensing bodies in all three states told us their organizations may take a range of actions when they receive complaints or identify homes that do not comply with program standards, from issuing recommendations for bringing homes into compliance to revoking certificates or licenses. According to officials from Florida's certifying body, the entity has revoked certificates of recovery homes that have acted egregiously or have been nonresponsive to corrective action plans. Officials from the certifying and licensing bodies in Massachusetts and Utah told us that they had not revoked certificates or licenses, but had possibly assisted homes with coming into compliance with certification standards or licensure requirements.

Officials from Ohio and Texas told us that their states had not established state oversight programs like those in Florida, Massachusetts, and Utah, but said their states had provided technical assistance and other

resources to recovery homes in an effort to increase consistency, accountability, and quality.

- Officials from the Ohio substance abuse agency told us that since 2013 the state has revised its regulatory code to define recovery homes and minimum requirements for such homes. Officials also told us that the agency did not have authority to establish a state certification or licensure program for recovery homes. According to these officials, the state legislature wanted to ensure that Ohio's recovery homes community maintained its grassroots efforts and did not want a certification or licensure program to serve as a roadblock to establishing additional homes. However, officials from the Ohio substance abuse agency told us that the agency encourages recovery homes to seek certification by the state's NARR affiliate—Ohio Recovery Housing—to demonstrate quality. In addition, these officials told us that the state substance abuse agency also provided start-up funds for Ohio Recovery Housing, as well as continued funding for the affiliate to provide training and technical assistance, and to continue certifying recovery homes. According to officials from Ohio Recovery Housing, the NARR affiliate regularly provides the state's substance abuse agency with a list of newly certified recovery homes, as well as updates on previously certified homes as part of ongoing efforts to develop a recovery home locator, under its contract with the agency.
- Officials from the Texas substance abuse agency told us that establishing a voluntary certification program would be beneficial. However, the state legislature had not enacted legislation establishing such a program at the time of our review. At the time of our report, the agency was in the process of developing guidance for providers on where and how to refer their patients to recovery housing, which includes a recommendation to send patients to homes certified by the Texas NARR affiliate.

Chairman Grassley, Ranking Member Wyden, and Members of the Committee, this concludes my prepared statement. I would be pleased to respond to any questions that you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff members have any questions concerning this testimony, please contact me at (202) 512-7114 or deniganmacauleym@gao.gov. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this statement. Other individuals who made key contributions to this

testimony include Tom Conahan (Assistant Director), Kristin Ekelund (Analyst-in-Charge), Drew Long, Sarah Resavy, and Emily Wilson. Other staff who made key contributions to the report cited in the testimony are identified in the source product.

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