Documentation Review

Level 3

The National Quality Standards detail specific written policies and procedures that organizations must have to demonstrate quality. All organizations seeking certification by ORH are required to provide copies of the listed documents or equivalent for review with your application for certification.

All of these documents are required to be uploaded with your application for certification.

ORH will verify that the following elements are included in your documentation. If an element is missing, or is contradictory to the NARR Standards, ORH will make a recommendation for quality improvement. You must address all recommendations for quality improvement within the timeframe provided by ORH in order for your application to remain current. All recommendations for quality improvement related to organizational policies must be addressed prior scheduling the on-site review.

Your documents will also be reviewed as a package for clarity and consistency. You are highly encouraged to contact ORH with any questions and request assistance with your documentation before completing your application. During the on-site review, reviewers will ask questions about your organizations policies and procedures; and verify that the organization is implementing the practices as written in the documentation. If inconsistencies are noted between the policy and practice, ORH may request quality improvement activities so your policies match your practice.

1. Signed and Notarized Assurances

All recovery housing operators are required to provide a signed and notarized copy of assurances.

2. Signed Copy of NARR Code of Ethics

All recovery housing operators are required to read and sign the NARR code of ethics.

3. Proof of Insurance (2.B)

ORH requires that you submit documentation that demonstrates that you have insurance. However, it is up to the individual operator to ensure that all their properties are covered, and that the insurance is appropriate for your operations.

4. Resident Evaluation/Application (4.A)

Certified recovery houses have a written process for the evaluation of residents prior to move in. This process needs to demonstrate that the home is considering the following prior to having the person enter the home

□Collecting Basic Resident Information (name, phone number, etc)
\square Explaining the level of support available in the house
\square Considers length of time in recovery, ability to live in housing setting with limited supervision and peer
support as opposed to a clinical treatment environment

5. Resident Agreement

Organizations are required to have a resident agreement. Each resident is required to sign and date the resident agreement prior to officially moving into the house. The purpose of the resident agreement is to

contain the following elements. \square Be signed and dated by the resident (3.A) □Information on any deposits or advance payments (if required) (3.A) □Contain information on the amount of any weekly or monthly fees (3.A) □Clearly states the amount of fees OR □Clearly state how any sliding fee scale will be implemented OR ☐ Provide details on any arrangements for subsidies or scholarships, and how long a resident is able to receive a subsidy or scholarship ☐ Contain information on when fees are due (3.A) □Clearly states the when fees are due OR □Clearly states that residents will not be paying fees and for how long they will be permitted to not pay fees □Information about any other fees that the resident is expected to pay (examples include utility fees or activities fees) (3.A) □Contain information on refunds (3.c) □Operator does not charge resident fees Agreement clearly states that refunds will not be offered Operator describes under what circumstances resident may get a refund and how the resident is to request a refund □ Information on how the operator may end the resident agreement (5.B) □Information on how the resident may end the resident agreement (5.B) □ Information about what will happen to any resident property that is left in the home after the resident has vacated (5.B) Reference to other required resident policies and procedures (recovery goals, relapse policies, drug testing policies, etc.) (5.B) ☐ The resident agreement **does not** contain statements that request a resident waive housing, landlord tenant or other rights. (7.D) The resident agreement **does not** contain statements that residents must leave the recovery home after a specified amount of time or that length of residency is determined arbitrarily or by a third-party payer (03.D) (07.D) ☐ The resident agreement **does not** contain statements that require residents to receive services from a specific organization in order to maintain housing (03.D) ☐ The resident agreement is clearly written

ensure that residents understand their obligations, financial and otherwise, as well as understand what services and supports the recovery house will be providing to the resident. The resident agreement must

6. Statement of Resident Rights (5.B)

A copy of the resident rights is required to be given to each resident when they move into the house and the resident must sign and date that they have received it. A copy must also be kept in a common area of

each house. ☐Must be signed by resident 7. Grievance Policy (7.B) It is best practice that operators allow residents to handle minor concerns and complaints within the house. However, there must be an opportunity for a resident to file a formal written grievance or complaint. This policy must contain the following □Instructions on how a resident may submit a written grievance □ Names and contact information for the organization's person responsible for handling grievances □ A statement that at any time the resident may contact the owner/operator about the grievance ☐ A statement that a resident may ask for help in filing a grievance □ A statement that the resident may contact ORH with a grievance (may also include other oversight entities, such as the county board, funding agencies or your board of directors) ☐ The ORH Recovery Housing phone number is included in the policy □Information on any required timelines □Contact information for outside entities is included □ Information on the steps that the organization will take to respond to the grievance 8. Medication policy (16.d) You are required to have a medication policy. This policy must cover the following elements. □Cover both prescription and non-prescription medication Requirement that medications be stored in a locked location ☐ How residents may access their medication Requirement for medication logs and medication reviews to ensure medications are not diverted ☐ Policy is clear that staff provide support to residents in managing their own medication, not that staff provide or dispense medication □ Policy describes what happens if medication is misused or is missing **9.** Addressing Neighbor Concerns (30) Organizations are required to have a written policy for addressing neighbor concerns. Each resident should be informed of this policy when they move into the house. ☐ The name and contact information of someone that neighbors can contact if they have a concern ☐ A description of how the recovery house informs neighbors of this person Any additional information about how the recovery house is a good neighbor as appropriate for the house **10.** Emergency Policy **(16.e, 17.c)** You are required to have an emergency procedures policy. This policy must contain the following elements □What residents should do in the case of an emergency

What residents should do in case they need to evacuate that house (fire, etc.) including where resider re to meet, how residents know to inform emergency personnel of anyone who may still be in the esidence Phone Numbers for who residents should contact in case of an emergency Instructions for staff on how the staff should handle the emergency and who they should contact	nts
Instructions for staff of flow the staff should handle the emergency and who they should contact	
11. Communicable Disease Policy (18.b)	
ou are required to have a policy concerning communicable disease. This policy must contain the ollowing elements	
Residents are notified of what behaviors may increase the spread of infectious disease including risk (COVID-19	of
Residents are encouraged to take precautions for the spread of infectious disease including hand rashing, regular cleaning of the common areas of the home, practicing physical distancing of at least steet, and not sharing personal items or eating utensils	
∃House provides supplies needed for precautions (such as soap, paper towels, gloves, cloth face mask nd cleaning supplies.	5,
Indicicanning supplies. Visitors to the home must wash their hands, only visit in designated areas, wear a cloth face covering	1
nd maintain appropr <mark>ia</mark> te physical distancing.	,
12. House rules or Code of Conduct (16.a, 16.b, 18.a, 21.c, 31.a) Organizations are required to have a list of house rules for residents. A copy must be provided to the esident upon move in, and a copy must be kept in a common area of the house. Rules should include ninimum	at
□Prohibi <mark>ted use</mark> and possession of illici <mark>t drugs</mark> and alcohol	
List of other items that are prohibited in the home	
∃What language is inappropriate	
□Parking rules for the neighborhood	
☐Rules concerning noise in the neighborhood	
If and where smoking is allowed on the property	
□Other rules as determined appropriate by the house	
louse rules must also	
Be designed and enforced by staff for the purpose of building recovery, not only for ease and	
onvenience of staff. (21.C) (26.A)	
References to immediate termination of residency are only in response to actions or behaviors that	
resent a serious threat to resident health and safety	
13. Paid Work Agreements (2.G)	

A paid work agreement is where a resident either works for the organization or receives a discount on rent or other form of payment for performing work for the organization. Paid work agreements also apply if the resident performs work for an affiliated organization, or an organization owned or operated by the same owners, employees or family members. All recovery houses are required to have a policy that addresses paid work agreements. Recovery housing operators are also responsible for ensuring that any paid work agreements are in compliance with local, state and federal labor, tax and employment laws.

□Organization has indicated on their application that they do not hire residents to work for them	
OR	
\square A statement that the paid work agreement is entered into voluntarily	
\Box A statement that the paid work will be paid at a fair market rate and in compliance with all employn .	nen
laws	
□ A statement that the paid work will not interfere with the resident's recovery goals	
□ A statement that the paid work will not infer special benefits on the resident other than the fair	
payment	
14. Drug Testing (16.C)	
Recovery homes must have a process to ensure appropriate drug screening for residents. This screen	ing
may take place at an outside entity with an appropriate release of information with the recovery home	<u>;</u> .
\square Policy describes when drug tests are performed (regularly, random, etc.)	
\Box The resident will be informed of how the drug tests are paid for and if there are any circumstances	
where the resident may be required to pay for the test	
\Box The resident will be informed of consequences for results of a positive drug screen or if they refuse	the
drug screen	
15. Confidentiality Policy (6.C)	
You must have a policy that describes how the house will keep resident information private and	
confidential. This policy must contain	
☐ How the operator and all staff will keep resident records secure	
☐ How the operator and all staff are expected to handle information about residents	
□ How residents are expected to handle information they learn about residents □	
□ Policies must apply in social media contexts	
□ How the house ensures only necessary staff have access to records	
16. Staff Code Of Conduct (6.a, 10.a, 21.c, 26.b)	
All Level III organizations are required to have a code of conduct for staff that applies to all staff and	
volunteers at the organization. This code of conduct should contain, at minimum	
\square Prohibition on behaviors or activities that are discriminatory	
□ Prohibition on abuse or harassment of residents, other staff or volunteers	
\square Expectations concerning appropriate boundaries between staff and residents (including but not limit	ted
to prohibited romantic relationships between staff and residents)	
\square Expectations around modeling recovery principals and holding residents in continuous positive regarders.	ard
\Box Prohibition on involvement in resident personal financial affairs, such as lending or borrowing money	<u>∍</u> y,
cosigning on accounts, etc.	
\square Expectations regarding resident confidentiality and privacy (may reference confidentiality policy)	
\square Information on how potential violations of the code of conduct can be reported by other staff or	
residents (may reference formal grievance policy)	

17. Staff Emergency Plan

All Level III organizations should provide staff with instructions on what the staff members should do in the event of an emergency. Homes are also required to have a plan for residents, this plan needs to apply to staff. This plan should include □What staff members should do in the case of an emergency □What staff members should do in case they need to evacuate that house (fire, etc.) including where to meet outside the building, how to ensure all residents are out of the home, and how to contact emergency services ☐ Phone Numbers for who residents should contact in case of an emergency, including contacting directors or organization leadership The house's plan for ensuring that all safety equipment is in good working order and the house is free of safety hazards 18. Staff Job Descriptions (8.B) (12.C) All Level III organizations are required to have job descriptions for the staff working in the house. Job Descriptions must contain the following □ Position Title (12.B) □Who the person reports to (12.B) □ Job duties (12.B) (12.C) □ Required education or training (10.A) (12.A) (12.B) (12.C) □ Required credential requirements (10.B) (12.A) (12.B) (12.C) 19. Example of weekly schedule of activities (23.A) (24.A) All Level III organizations are required to have a weekly schedule of activities including: ☐ Formal Recovery oriented events and activities ☐ Formal life skill development activities and trainings ☐ House meetings that happen at least weekly Other required policies ORH requires written policies or procedures that address the following topics. These policies may be addressed in a variety of areas, but ORH must verify written references to the following somewhere in the documentation. □Written policy that states that staff may not become involved in personal financial affairs of residents including loaning money or borrowing money from residents (2.H) □Written form to collect Emergency contact information (can be included with application) (19.B) Elements Prohibited from policies There are certain elements that are **not permitted** to be included in your organization's documentation, policies or procedures. ☐ Requirements or suggestions that residents waive legal rights Requirements or suggestions that residents make additional donations to the organization (2.H)

Exequirements of suggestions that residents turn over their paychecks, benefit cards, bank accounts, or
other similar items to the operator (2.H) (operators with formal agreements with CDJFS may operate
under the terms of the CDJFS agreement)
\square References to inappropriate punishments for not following house rules – such as threatening eviction o
immediate discharge for reasons other than placing the health and safety of other residents in the house
at risk (26.A)
\Box Policies or Practices that are not trauma informed or indicate that the residence does not treat residents
with respect or positive regard (26.B)
□ Policies or Practices that are in conflict with or contradictory to, other policies
Policies or procedures that are poorly written or are unclear

