

Required Attachments for Recovery Residence Designation

- A. A floor plan for each residential setting, to include square footage of each bedroom, labeled beds, toilets, tub/showers, smoke detectors, carbon monoxide detectors (if setting has gas appliances/HVAC/water heater), and fire extinguishers.
- B. Local zoning documentation - needs to indicate that the local zoning authority is aware of the use of the home and approves of that use and what the building is zoned as (residential, commercial, mixed use, etc.).
- C. Fire/Safety Inspection; should be conducted by a private fire/security company or local fire department.
- D. Proof of general liability insurance (must match to each address of each home).
- E. If property is rented, submit a letter from the property owner, stating permission to operate a recovery residence on the property with owner contact information. If property is owned by the agency, submit a statement on company letterhead stating ownership or supply a copy of the property card as proof of ownership.
- F. Mission statement – a short statement that details your organization’s core purpose and focus.
- G. Vision statement – a statement describing the future aspirations, achievements, and accomplishments of the organization.
- H. Code of Ethics – providers may use NARR Code of Ethics or create their own (must incorporate all criteria from the NARR version) and submit a copy signed by the Director or manager of the setting. Staff and resident copies will be reviewed during the site visit.
- I. Staff structure/staffing plan (to include peer component) and staff job description(s) to include the minimum qualifications, certification/licensure and/or lived experience, duties, responsibility(s) of each staff/volunteer, and protocol for background checks. Provide a description of each job position in the residence.
- J. Staff policies - include policies for resident staff, peer leadership responsibilities, role descriptions, supervision protocols for staff, plans for staff development, ongoing skill development and cultural competency training, duties and guidelines for residence leaders, peer leadership, mentoring roles, policy on prohibiting staff from becoming involved with residents’ personal financial affairs, and ways to utilize the Social Model of Recovery.
- K. House rules - include curfews, house chores/cleanliness (common areas, kitchen, bathrooms, bedrooms, personal storage space, etc.), food prep, shared household expenses, weekly community/residence meetings, parking/personal vehicles, designated outdoor smoking area(s).
- L. Admission criteria and intake procedure. Need to include age and gender of individuals for admission.
- M. Discharge criteria and procedure – to include plans if resident needs to leave suddenly, resident does not pay, resident relapses, etc.

- N. Data collection policy and confidentiality procedures (42 CFR Part 2) for security of records [42 CFR Part 2 – 2.16], disposal of records [42 CFR Part 2 – 2.19], patient access [42 CFR Part 2 – 2.23], confidentiality requirements [42 CFR Part 2 – 2.22], consent requirements [42 CFR Part 2 – 2.31] and quality improvement procedures. Any entity working with individuals in recovery **must** utilize 42 CFR Part 2 when handling resident records.
- O. Social media policy for both staff and residents ensuring that everyone who is part of the residence understands obtaining consent before posting/sharing anything to social media.
- P. Grievance policy/procedure.
- Q. Statement of Understanding of Resident’s rights and Rules - should include but not be limited to reasonable accommodations, financial obligations and agreements, recovery goals, relapse policies, protocol regarding removing personal property left in residence, evidence that some rules are made by residents that residents implement, IC 12-27-2-1, and IC 12-27-3 – Conditional Rights of Patients in Residential Settings.
- R. Resident billing policy that includes fees residents are responsible for, schedule of fees, deposit/return of deposit, refunds, 3rd party payors, policy on ‘late/unpaid fees’, how much rent is and when rent is due, if residents share in household expenses, and policies/procedures for paid work arrangements.
- S. Alcohol/drug free environment statement and policies/procedures for drug-screening/toxicology protocols, prescription/non-prescription medication usage and storage, search protocol (hazardous items, illegal substances, etc.), and protocol for when a resident chooses to return to alcohol/drug use, Naloxone/Narcan protocol, and how the program tries to prevent relapse.
- T. Health and contagious disease policy (COVID protocols, smoke-free inside environment, handling exposure to bodily fluids, etc.).
- U. Community resources information – 12 step/mutual support groups, recover community centers, recovery ministries, recovery-focused leisure activities, recovery advocacy opportunities (2 pages max, additional resources will be checked during on-site visit).
- V. Good neighbor policy which includes contact information of responsible person(s) of setting to respond to neighbor grievances (name, phone number, email address if applicable which should be sent to DMHA whenever contact is updated), when and how responses are made, and rules around noise, language, smoking, loitering, cleanliness of property and parking that are reasonable for neighborhood.
- W. Weekly schedule that includes recovery support services (life skills, clinical services if applicable, ways to foster formal/informal staff and resident interaction) and events and activities – should be current within 2 months of submission. Activities must be presentative of the recovery residence level being applied for.