

Required Attachments for Recovery Residence Certification

- A. Recovery residence certification application
- B. 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
- C. Local zoning documentation
- D. Fire Marshall Inspection – The DMHA Housing Team will link Department of Homeland Security to your agency to conduct a State Fire Marshall inspection for fire/safety purposes. With your application, please provide the name, phone number and email address of the person at your agency that will be available for the required fire/safety inspection.
- E. Proof of general liability insurance
- F. 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
- G. Mission statement – a short statement that details your organization’s core purpose and focus
- H. Vision statement – a statement describing the future aspirations, achievements, and accomplishments of the organization
- I. 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 site visit.
- J. 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
- K. Staff policies, to 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.
- L. House rules to 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).
- M. Admission criteria and intake procedure
- N. Discharge criteria and procedure – to include plans if resident needs to leave suddenly, resident does not pay, resident relapses, etc.

- O. Data collection policy and confidentiality procedures (42 CFR Part 2) for security of records, disposal of records, patient access, confidentiality requirements, consent requirements and quality improvement procedures.
- P. 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.
- Q. Grievance policy/procedure
- R. 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
- S. 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', and policies/procedures for paid work arrangements
- T. 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
- U. Health and contagious disease policy (COVID protocols, smoke-free inside environment, handling exposure to bodily fluids, etc.)
- V. 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)
- W. 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
- X. 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