



Tennessee Alliance of Recovery Residences *File checklist*

*“An **alliance** is a relationship among people, groups, or states that have joined together for mutual benefit or to achieve some common purpose, whether or not explicit agreement has been worked out among them”*

1. **REQUIREMENTS FOR AFFILIATE STATUS**

a) **Recommended NARR (National Alliance for Recovery Residences) compliance.**

Since TN-ARR is an affiliate of NARR, you will be encouraged to follow NARR recommendations. We suggest you review the NARR website for the national quality standards, code of ethics and further understanding at <https://narronline.org>.

i. ____ **Have you reviewed the National Quality Standards and Code of**

Ethics? NARR, the National Alliance for Recovery Residences, has established a national standard that outlines the variety of recovery-oriented housing and services and differentiates four different types, known as “levels” or “levels of support.” Please view the below link for the code of ethics.

https://narronline.org/wp-content/uploads/2017/10/NARR_ethics_code_amended_10-2017.pdf

ii. ____ **Vision Statement.** A written statement that corresponds with NARR’s (National Alliance of Recovery Residences) core principles. A vision statement acts as a guidepost for the future of your recovery residence. It is inspiring and hopeful. You should ask yourself - What problem are we trying to solve? Where are we headed? What do I want for my residence and its future residents?

iii. ____ **Mission.** A written statement that corresponds with NARR’s (National Alliance of Recovery Residences) core principles. A mission is a brief explanation of your residence’s reason for existence. It should define your residence’s purpose and intention. The mission should support your Vision Statement and communicate purpose and direction for your residence. Ask yourself – What is

my residence's purpose? Why does my residence exist? Since TN-ARR is an affiliate of NARR, you will be encouraged to follow NARR recommendations. We suggest you review the NARR website at <https://narronline.org/> for further review and understanding.

For further reading to better understand recovery residences review the below article - <https://www.addictionpro.com/article/new-understanding-recovery-residences>

b) Tennessee Law

As a matter of State Law, the SAFE Act (Stopping Addiction and Fostering Excellence) has been passed. To read about how the SAFE ACT, HOUSE BILL 1929 came into fruition and its background please review the following article.

<https://tnhousegop.org/representative-curcio-files-legislation-to-improve-quality-of-care-for-tennesseans-battling-addiction/>

SAFE ACT, House Bill 1929. See the link below of further compliance.

<http://www.capitol.tn.gov/Bills/110/Bill/HB1929.pdf>

For further information on the Tennessee Landlord and Tenant Act review the below website.

<https://www.tn.gov/health/cedep/environmental/healthy-homes/hh/renters.html>

For the full Tennessee Code Annotated Title 66 Chapter 28 - Uniform Residential Landlord and Tenant Act review the below.

<https://www.tennfairhousing.org/sites/tennfairhousing.org/files/2014URLTA.pdf>

See the below written example:

The Resident shall occupy the premises in accordance with all laws and regulations pertaining thereto. Resident shall return the premises at the termination of residency in the same condition as received, ordinary wear and tear.

This agreement shall terminate in the event that the premises are destroyed, other than negligence of the Resident, or upon taking of the property under legal authority of eminent domain.

*Resident at _____ is pursuant to **Tennessee Code Annotated 66-28-102(c)(1)**, which states residence at an institution, public or private if incidental to detention or the provision of medical, geriatric, educational, counseling, religious, or similar service is not subject to the provision of the Uniform Residential Landlord and Tenant Act of Tennessee. In other words, this agreement is not a lease and notice is not required to discharge a resident for violation of environmental guidelines.*

____ **Report on municipalities (zones and codes) compliance.** This is a written report from codes/written owner statement of compliance and understanding.

c) Community Based Best Practices. A best practice (as it relates to recovery residences) is a way of doing things that has been generally accepted as suitable to any alternatives because it produces results that are safe and ethical to those achieved by other means or because it has become a standard way of doing things (e.g., a standard way of complying with legal, ethical and national requirements and standards). The following best practices maintain the health and safety of the residents, the neighborhood, and the larger community. NARR/TN-ARR established that these standards provide guidance on “good neighbor” policies to promote positive community involvement in residential neighborhoods.

____ **Fire Marshall Inspection-** This is a written report from the Fire Marshal/written owner statement of compliance. It is our experience that they are willing to help and are usually very supportive and appreciative of the effort. Our suggestion is that you visit your local firehouse to inform them of who you are. For more information please visit the below to locate an inspector.

<https://www.tn.gov/commerce/fire/permits-licensing/fire-tn-certified-code-inspectors.html>

____ **Visit your local police precinct -** TN-ARR suggests that you visit your local Police Precinct. Here is a link to help guide you to your local police in your neighborhood.

"Each police precinct has a community coordinator sergeant available to serve the needs of you and your neighborhood. Get to know your police department, we are here for you!" -by the Social Media Manager of the Police Department

Please visit the below website for further information.

<https://www.nashville.gov/Police-Department/Community-Services.aspx>

___ **Connect with your local and State Legislature-** TN-ARR suggests that you familiarize yourself and connect with your local and State legislatures. This includes: Federal, State and Local Representatives that represent you. Our intention is to be transparent and to be contributing parts of our communities. This is yet another step in helping recognize recovery residences as desirable and essential.

Here is a link to help locate your legislature.

https://openstates.org/find_your_legislator/

___ **Letter from HOA, if applicable**

___ **Letter from Landlord, if applicable**

___ **COI (Certificate of Insurance)**

___ **Organization Origination Document as LLC or 5013C.** This provides clarification that the residence is not a business but a home. The owner/manager is the business.

2. RESIDENT PAPERWORK - BEST PRACTICES 3.0 STANDARDS

A best practice (as it relates to recovery residences) is a way of doing things that has been generally accepted as suitable to any alternatives because it produces results that are safe and ethical to those achieved by other means or because it has become a standard way of doing things (e.g., a standard way of complying with legal, ethical and national requirements and standards). The following best practices help to create a safe, ethical, and healthy living environment to initiate and sustain the recovery of its residents.

https://narronline.org/wp-content/uploads/2018/11/NARR_Standard_V.3.0_release_11-2018.pdf

___ **Style: Social Model** – This model of recovery is operated by the residents and promotes a peer-operated residence oriented towards peer support, community living, and the practice of 12-step recovery principles.

TIP: steer clear of using language that is forceful such “as you will”, instead use “I will”, giving the resident the responsibility.

a. The following article is a brief glimpse on the social model

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4220294/>

b. NARR supports this model and has some outlined information and guides for you.

See the below link for further information and explanation.

<https://narronline.org/wp-content/uploads/2014/06/Primer-on-Recovery-Residences-09-20-2012a.pdf>

___ **Home Requirements** – Guidelines for living in the residence. Resident’s responsibilities

___ **Financial Transparency Statement** – Lets the resident know what to expect financially

___ **Drug Screen Policy** – what is your procedure – ex. how often? What will prompt a drug screen? What is the procedure if a drug screen is positive? TN-ARR recommends a Confirmation test. The resident chooses where to get it done and pays for the test. See the below policy for review.

[See the attached document at the end of this checklist for the full drug policy published by NARR.](#)

___ **Admission & Discharge Criteria Policy** - What is your procedure? Think of this as writing a 3-part experience. It is a beginning – the admission, the middle – includes house requirements, and evolution (exit).

Remember – Under State and Federal Law you cannot evict, discharge or “throw out”.

___ **Medication Management Policy** – How are medications secure in your residence? Are they locked away? What medications are allowed onsite?

Federal law prohibits non-medical staff to disperse medication.

____ **MAT Policy and Procedure** - How do you manage and support MAT (Medication-assisted treatment) residents? Under FDA regulations you cannot discriminate against medically prescribed medications.

https://narronline.org/wpcontent/uploads/2018/09/NARR_MAT_guide_for_state_agencies.pdf

https://narronline.org/wp-content/uploads/2019/03/NARR-C4-NCBH_MAR-RH-Brief.pdf

____ **Peer Driven** - A program that is run by peer-to-peer, meaning there are house managers (on a similar level as the other residents) unpaid or paid, there should be peer run groups, house meetings, and active involvement of all the residents. No one person should sit on a higher ground than the rest of the community. The residence runs similar to “12 Step” meetings, remember the simple saying - “just one addict/alcoholic helping another”.

Review the following levels of support for a clearer understanding of your residence support level - <http://tnarr.org/wp-content/uploads/2016/09/Recovery-Residence-Levels-of-Support.pdf>

____ **Client Friendly** - Language that puts the responsibility on the resident and wording that highlights empathy and understanding

MAKE SURE YOU WATCH FOR FORECFUL LANGUAGE IN YOUR PAPERWORK.

For further information on TN-ARR please visit our website at <http://tnarr.org/>

3. ONSITE SAFETY AND ENVIRONMENTAL ASSESMENT (INSPECTION)

A copy of the onsite inspection form and what we look for can be found on our website at: http://tnarr.org/wp-content/uploads/2018/03/TNARRinspection2016pdf_New.pdf

Date: _____ Inspector _____

Approved _____ Needs upgrades _____ Not Approved _____

TN-ARR Meeting attendance (attendance taken at each meeting) : _____

Training (attendance taken at each meeting) _____

Committee _____

Board Position _____

Training _____

Comments:

Date: _____

Reviewer: _____



Ethical Policies Regarding Drug Testing

Drug Testing, Confirmation Testing and Third-Party Payment

Definitions:

Point of care or screening test - Often referred to as a 'test cup'. A test of urine, breath, saliva, hair or other body product samples performed onsite that typically checks for one or more classes of drug metabolites (not the drug itself). The results are not definitive until confirmed by a toxicology/confirmatory test.

Toxicology - A laboratory test that definitively determines the approximate amount and type of drugs present in the sample.

Intent - Motivation for drug screening.

Confirmation test - Conducting a second screening test is not a confirmation test. Instead, a medical laboratory test is used to confirm a screening test result, preferably conducted on the same sample used for the screening test. These are typically gas chromatography/mass spectrometry (GC/MS) or high performance liquid chromatography (HPLC) tests that identify the specific substance and the amount present in the sample. Confirmation tests may be the only type of test result that is admissible in a court of law.

Third-Party payment - A third party, most commonly an insurance company but may be anyone other than the person who received the service, pays the healthcare provider for services rendered.

Transparency - Full disclosure in all aspects of operation.

Sample collection protocol - An invariable method of preparing the drug test sample collection site, observing sample collection, and maintaining a sample chain of custody from collection to testing.

Person-driven recovery - A process of change through which individuals improve their health and wellness, live a self directed life, and strive to reach their full potential. (SAMHSA)

IOP/ PHP - Abbreviations for Intensive Outpatient or Partial Hospitalization clinical settings.

Introduction

The intention to support recovery must always be the grounding ethical principle of any drug testing protocol. It is unethical to drug test for any other reason besides supporting recovery. High frequency of testing, applying clinical protocols in a non-clinical facility, and utilizing drug testing as a source of revenue generation might all be indicators of unethical drug testing.

Effective drug testing can be conducted in a variety of ways. However, an essential component is a consistent application of policy. Therefore, several variables should be considered when setting and implementing policy for drug testing and toxicology protocols - empowerment, accountability, and safety.

I. Policy Regarding Drug Testing

1. *The purpose of drug testing and its frequency is to support residents' recovery.*

Drug testing is a useful tool for initiating and celebrating recovery while promoting safe, alcohol and other drug-free recovery residences. There are four primary reasons a recovery residence operator utilizes a drug testing protocol:

1. To support person-driven recovery
2. To maintain a healthy recovery culture, supportive environment and community morale
3. To foster individual and community accountability
4. To document and celebrate progress

A. When to drug test

Commonly used protocols:

- Upon entry - An initial drug screen is conducted upon entry, even following transport directly from a treatment or institutional program.

- For cause - A drug test is administered for observed unusual or risk-suggestive behavior.

- Random - Randomly select a subset of all residents for regularly scheduled testing so that each person has an equal likelihood of being selected every time.
- Designated - Every resident is tested when specified events occur, e.g, before leaving and upon return from passes, before program phase movement including transitioning out of the residence, moving into a privileged bedroom, accepting mentoring or other community leadership responsibilities, and getting prescriptions refilled (should usually be done by the prescriber).
- Self-requested - Whenever requested by the resident.

B. Confirmation testing

Confirmation testing is a valid tool, utilized when a test result is challenged. Confirming a test result using a toxicology lab can be costly. Third party payment (insurance) may be used to offset some or all of the cost. Mandates require a physician's review and sign off on the procedure when medical necessity prompts testing. Confirmation testing is customarily used when a screening test result, positive or negative, is challenged.

Billing for confirmation testing must have medical necessity established as part of a clinical treatment protocol.

2. Drug testing provides operators with essential information to assist residents and to enforce drug-free environment policies.

Given a person-driven recovery philosophy, we strive to teach individuals to use testing to prevent relapse based on idiosyncratic variables instead of using it as only an externally imposed or mandated tool. Drug testing is empowering and reinforces recovery behaviors. Ideally residents engage collaboratively in a practice of accountability versus an authoritarian-based effort to "catch" a relapse.

3. All persons administering substance-use testing should be trained in proper administration and responding effectively to test results.

Effective administration of substance-use testing will include knowledge of the strengths and weaknesses of various forms of testing, an understanding of positive and negative results and an understanding of false positives and the conditions which may cause them. Effective training of test administrators will include an understanding of control over the testing site to avoid sample tampering. Essential to proper administration is resident-centered feedback to encourage and support ongoing recovery.

4. Drug testing protocol is fair, uniformly implemented, and appropriate.

Ethical drug testing is guided in clear and consistent protocols outlined in the residence operations guide or policy and procedure. Consequences of “testing positive” must be clearly stated in the resident manual or other orientation materials.

A suggested guide is as follows:

**A SUGGESTED GUIDE FOR A RECOVERY RESIDENCE'S
POLICY STATEMENT ABOUT SUBSTANCE USE TESTING**

The philosophy behind why we do testing

- Accountability
- Safety
- Data gathering/demonstration of progress

Will testing be random or regularly scheduled?

What kind of testing we use: urine, saliva, other

How reliable is the testing method?

Who will do the testing?

If it is urine testing,

- What is the procedure for conducting the urine testing?
- How do we avoid contamination?
- What happens if an individual is caught substituting or adulterating specimens?

How invasive will the observation be?

Do we need a disposal policy?

What happens if the results of testing show positive?

What happens if the results are questioned as “false positives”?

What happens if an individual refuses to be tested?

How will results be recorded?

- Who will have access?
- Where will records be stored?
- How long will the results be kept?

5. Dismissing a resident based on a single disputed or unconfirmed drug screening test result is unethical.

When a test is disputed, laboratory confirmation testing is an appropriate and recommended course of action. Resident self-confirmation of drug use following a drug test is acceptable grounds for transfer from the residence.

When a positive drug test result is contested by a resident --particularly in a non-lab testing situation such as in a recovery-house-administered urine screen--a process must be in place for the resident to prove that the results are inaccurate.

Ideally, such verification shall take place prior to the resident being asked to vacate the residence.

Verification testing will be done, ideally, by an external lab testing service or an unbiased entity such as a hospital or other such clinical establishment.

Verification testing, if it occurs, may be at the expense of the resident. However, if verification testing is to be at the expense of the resident, a statement to this effect must be included in preliminary and orientation materials related to costs and potential costs and made known to the resident prior to the signing of a binding agreement to live at the residence.

6. Requiring that a resident leave the residential community following a single positive drug test result without offering a safe and available alternative refuge or the opportunity to be placed with a pre-designated caregiver is unethical. Likewise, continuing the safety and support of the residential community following a positive test result is an ethical option.

If a person is found to be under the influence of substances the safety of the residence and individual must both be taken into consideration. Recovery residences are encouraged to create self-directed recovery contingency plans in the event a recurrence occurs. A policy should be in place to protect all concerned, including the larger community (i.e. the police are notified and asked for assistance, the person is taken to a hospital; etc.).

7. It is unethical to deliver a person incapable of self care (i.e., inebriated, suicidal, delusional, experiencing psychotic behaviors, etc.) anywhere the person will not be monitored by a responsible person.

8. Drug tests provided by allies (court, probation, parole, family and children's services, physicians, employer, IOP/PHP, etc.) are requested to share their results with the recovery residence in a timely manner. Duplicating testing and results is not in the interest of residents and is to be avoided.

When a resident utilizes services in conjunction with a recovery residence, the recovery residence is encouraged to coordinate testing and sharing results when possible. Duplication of confirmation tests is to be avoided. This is commonly referred to as double billing. It is in the best interest of residents to be in active collaboration and communicate with concurrent providers.

9. Release of test results can only occur with the resident's consent and following applicable laws. It is unethical to release the results of a drug test without permission from the resident except as allowed by law.

Ideally, drug testing information will be shared among recovery support and service providers ethically, utilizing appropriate confidentiality protocols.

Here is what the law says:

Federal statutes, including HIPAA, the ADA (Americans With Disabilities Act²), and other employment laws (eg, the Drug-Free Workplace Act (DFWA), the Fair Credit Reporting Act (FRCA), and U.S. Department of Transportation regulations) require companies to treat test results as confidential. Most states regard drug-testing results as confidential, as well. Drug test results may not be disclosed to third parties except as required by law or pursuant to a court order.

Source:

<https://www.jucm.com/implications-hipaa-employee-confidentiality-rules-positive-drug-test-results/>

II. Ethical Concerns Regarding Billing to third party payers

Most ethical complaints regarding drug testing involve the billing of third party payers for confirmation testing. Common unethical (and even sometimes illegal) practices include one or more of the following:

- The owner of the recovery residence has a financial interest in the lab.
- The owner of the recovery residence receives a financial benefit (i.e. kickback, commission, etc,) for sending drug tests to a particular lab.

- The owner of the recovery residence has a financial interest in an IOP/PHP that bills for drug testing.
- The owner of the recovery residence receives a financial benefit (i.e. kickback, commission, etc.) for requiring its residents to participate in a particular IOP/PHP.
- A recovery residence offers “free” or “reduced rate” services to residents that agree to participate in a particular IOP/PHP.
- Adherence to the following ethical guidelines will minimize concerns and complaints regarding billing for drug testing.

10. Financial costs including billing to 3rd party payers and the resident’s obligations related to drug testing are disclosed to potential residents and/ their financial supporters.

If insurance is billed financial guarantors must be informed how much they may be responsible for in deductibles, co-pays or out of pocket costs, as well as the amount the insurance will be billed.

It is unethical to withhold information that adds to the cost of a resident’s stay in a recovery residence. Full disclosure of all expectations and costs related to drug testing, substance use and relapse are to be presented to all potential residents prior to their signing any binding agreement.

11. Any RR that partners with an IOP or PHP that includes drug testing must disclose to the potential resident, all costs that may be incurred to include cost per test and frequency of testing whether or not billed to a third party.

12. Duplicate billing for toxicology services between the recovery residence and an IOP partner is unethical.

13. It is unethical to use drug testing for profit motive.

It is not appropriate for recovery residences to use drug testing as a source for revenue generation. frequency of testing must always be based in variables pertinent to the individual (i.e. drug of choice, detectability windows, etc.). Additionally, It is unethical to base frequency of testing on profitability.

A good litmus test for determining whether the motive is profit-based would be to ask the following: Would the drug testing protocol be the same if there were no financial remuneration for the procedure?

14. Commissions, bonuses, rebates, kickbacks, bribes, remunerations, supplies or any thing of value, given directly or indirectly, from a drug testing company is unethical. Engagement in any fee splitting

or self-referral arrangement, in any form whatsoever is an ethics violation and may be in violation of the federal Anti-Kickback Statute.