

CERTIFICATION MANUAL

2025

Operations Manual

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MANUAL PURPOSE

These operations manual outlines the First State Alliance of Recovery Residences (FSARR) organizational standards, protocols, and procedures that are important for all FSARR employees to know. This manual is designed to guide FSARR employees in their job responsibilities and duties. It is intended to facilitate operational standardization, efficiency, effectiveness, and quality. The aim of this manual is individual employees and collective company success.

FSARR success depends on the competence and performance of its employees. Therefore, all FSARR employees are required to read this manual carefully and become familiar with its content. All employees are expected to understand and follow all FSARR operational standards, protocols, and procedures. Any questions and/or concerns are to be promptly directed to one's immediate supervisor.

Please note that this manual is a "living document" that can be updated and/or revised at any time. No one other than authorized FSARR management may alter and/or modify any of the content in this manual.

All the best,

Andrew Thurn

Executive Director
First State Alliance of Recovery Residences

WHO WE ARE

We are a dedicated organization that works tirelessly to ensure access to high-quality recovery residences in Delaware, aligning with national standards set forth by the National Alliance for Recovery Residences (NARR). Through education, public awareness, advocacy, and implementation of these standards, we strive to foster a supportive and nurturing environment for individuals seeking recovery.

FSARR's Mission

At FSARR, our mission is clear and resolute. We are devoted to supporting individuals in their recovery by promoting access to recovery residences across Delaware that meet the rigorous standards defined by NARR. We firmly believe that a safe, supportive, and recovery-focused living environment can be the cornerstone of successful recovery journeys.

FSARR's Vision

We envision a future where every individual in recovery has access to safe, supportive, and well-regulated recovery residences that adhere to national standards. By working collaboratively with stakeholders, policymakers, and the community, we seek to create a recovery-focused Delaware where compassion, understanding, and accessibility to recovery support services are at the forefront.

NARR's CODE OF ETHICS

In accordance with the NARR, FSARR upholds the following Code of Ethics applicable to recovery residences and their personnel:

1. Assess each potential resident's needs and determine whether the level of support available within the residence is appropriate. Provide assistance to the resident for referral in or outside of the residence.

2. Value diversity and non-discrimination.

3. Provide a safe, homelike environment that meets NARR Standards.

4. Maintain an alcohol- and illicit-drug-free environment.

5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.

6. Protect the privacy and personal rights of each resident.

7. Provide consistent and uniformly applied rules.

8. Provide for the health, safety and welfare of each resident.

9. Address each resident fairly in all situations.

10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.

11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.

12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.

13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment and protect the privacy of resident information to the extent allowed by law.

14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.

15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.

16. Decline taking an active role in the recovery plans of relatives, close friends, and/or business acquaintances who may apply to live in the recovery residence.

17. Sustain transparency in operational and financial decisions.

18. Maintain clear personal and professional boundaries.

19. Operate within the residence's scope of service and within professional training and credentials.

20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

CLICK ON LINK: NARR_ethics_code_amended_10-2017.pdf (narronline.org)

APPLICABLE DELAWARE STATUTES

FSARR operates in accordance with applicable Delaware Statutes, this specific state regulation that provides guidance for FSARR operations. These statutes include the following:

1. **Title 16 - Chapter 22 A – Recovery Housing**

CLICK ON THE LINK: Title 16 – Chapter 22A Regulatory Provisions Concerning Public Health

2. **Title 6 – Subtitle II – Chapter 25F – Patient Brokering**

CLICK ON THE LINK: Title 6 – Chapter 25 F Other Laws Relating to Commerce and Trade

National Alliance for Recovery Residences

NARR is a 501(c)3 nonprofit organization dedicated to expanding the availability of well-operated, ethical, and supportive recovery housing. NARR develops and maintains the most widely referenced national standard for the operation of recovery residences throughout the United States. FSARR is the Delaware Affiliate of the National Alliance for Recovery Residences (NARR).

NARR Recovery Residence Quality Standards

FSARR certifies recovery residence providers based on NARR recovery residence quality standards. NARR standards apply to recovery residence administrative operations, physical environment, recovery support, and good neighbor practices. The following table highlights the NARR standards and associated core principles:

STANDARD DOMAIN	CORE PRINCIPLES
Administrative Operations	Operate with Integrity
	Uphold Residents' Rights
	Create a Culture of Empowerment Where Residents Engage in Governance and Leadership
	Develop Staff Abilities to Apply the Social Model
Physical Environment	Provide a Home-like Environment
	Create a Safe and Healthy Environment
Recovery Support	Facilitate Active Recovery and Recovery Community Engagement
	Model Prosocial Behaviors and Relationship Enhancement Skills
	Cultivate the Resident's Sense of Belonging and Responsibility for Community
Good Neighbor	Be a Good Neighbor

CLICK ON LINK: NARR_Standard_V.3.0_release_11-2018.pdf (narronline.org)

RECOVERY RESIDENCE LEVELS OF SUPPORT

FSARR certifies recovery residences in accordance with their designated level of support. The following table clarifies the level of support designations:

STANDARDS CRITERIA	Level I Peer-Run	Level II Monitored	Level III Supervised	Level IV Service Provider
Administration	Democratically run Manual or Policies & Procedures	House Manager or Senior Resident Policies & Procedures	Organizational hierarchy Administrative oversight for service providers Policies & Procedures	Overseen organizational hierarchy Clinical and administrative supervision Policies & Procedures Licensed through DHSS for an outpatient level of care
Services	Drug Screenings House Meetings Self-help meetings encouraged	House Rules provide structure Peer-Run Groups Drug Screenings House Meetings Involvement in self-help and/or treatment services	Life Skills Development emphasis Clinical Services may be utilized in outside community but not required Service Hours provided in house	Clinical Services and Programming are provided in house Life Skills Development
Residence	Generally Single-Family Residences	Primarily Single-Family Residences Possibly Apartments or other dwelling types	Varies - All types of residential settings	Varies - All types of residential settings May be a more institutional environment May be more institutional in nature but just strives to create the most home-like environment as possible
Staff	No Paid Positions with residence Perhaps an Overseeing Officer	At Least 1 Staff Person typically with lived experience	Supervision of paid staff by individuals with formalized training and/or credentials	24/7/365 Supervision of staff by individuals with formalized training and/or credentials in additional to clinical staff

RECOVERY RESIDENCE CERTIFICATION REQUIREMENTS GUIDANCE

The recovery residence certification process includes numerous provider requirements to ensure compliance with quality practice standards. These requirements are outlined in the table below:

PRACTICE AREA	REQUIREMENTS
Procedural	Conducted staff orientation
	Conducted resident orientation
	Conducted staff training
	Responsibility to residents' needs, best interests, and well-being
	Maintenance of resident confidentiality
	Responsibility to coworkers and colleagues
	Proper management of ethical conflicts
	Marketing ethics
Property	Maintained leases for rental property
	Maintained general liability insurance
	Regularly conducted safety assessments
	Posted evacuation maps
Policies and Procedures	Mission and vision statements
	Code of ethics
	Confidentiality adherence guidelines
	Resident screening
	Resident orientation
	House Rules & Consequences
	Hardship and scholarship guidelines
	Compensated residents protocols
	Good neighbor guidelines
	Hazardous item protocols
	Emergency plan
	Medication usage and storage guidelines
	Drug testing protocols
	Recurrence of substance use (relapse) protocols
	Discharge criteria and guidelines
	Grievance protocols
	Life skills development guidelines
	Incident reporting protocol and form
	Maintenance, repair, and upkeep guidelines
Staffing	Employee and volunteer background screening
	Staff and volunteer verification, clearance, and certification
	Job descriptions
	Staffing schedule
	Staff development plan
	Peer leadership policy
	Staff Drug Testing Policies & Drug Free Work Environment
	Staff performance evaluation policy and procedure
	Staffing schedule

Residents	Application
	Resident lease and financial agreement
	Resident orientation (residence and programming format)
	Resident rights and responsibilities
	Staff interaction protocols
	Confidentiality and privacy policies
	House rules and consequences
	Resident weekly schedule
	Good neighbor policy and agreement
	Medication usage and storage policy and agreement
	Hazardous item search policy and consent
	Drug testing policy and consent
	Emergency policy and procedure
	Emergency / non-emergency contact sheet
	Grievance policy, procedure, and form
	Discharge policy and agreement
	Maintenance / Repair request procedure and form
	Community resource information
Examples of Compliance Documentation	Sign-in sheet
	Rent log
	Overnight pass
	Release of information
	Recovery plan
	Relapse prevention plan
	House meeting minutes
	Mutual aid group tracker
	Recovery capital assessment
	Recovery materials
	Progress report
	Drug testing log
	Written warning
	Maintenance/Repair request
	Incident report
	Medication Inventory Logs
	MORs/MARs Logs
	Phase Ups
	Treatment Plan and Treatment Plan Reviews
	Grievance form

KEY OPERATIONAL PROCESSES

FSARR's key operational processes are as follows:

- Initial Recovery Residence Certification
- Recovery Residence Certification Renewal
- Ongoing Recovery Residence Audits, Monitoring and Oversight
- Compliance, Complaints, and Grievances Management
- Technical Assistance and Professional Development

The following pages of this manual detail each of these operational activities.

INITIAL RECOVERY RESIDENCE CERTIFICATION

FSARR's recovery residence certification process verifies and documents provider documentation and on-site standards compliance.

The protocol for recovery residence certification is comprised of the following steps:

1. Recovery residence certification begins with the recovery residence provider creating a user account in the FSARR certification portal. The user account acts as a collection repository for provider information and documentation.

2. Once an account is created, the provider submits an Application for Certification (Appendix 1) through the certification portal. The provider is required to document all locations and personnel. As part of the application, the provider must also read, acknowledge, and accept all FSARR certification requirements and attestations prior to submission of the application.

3. The FSARR Certification staff checks the certification portal on a daily basis for provider certification applications.

4. As soon as the Certification staff identifies a submitted provider certification application, the grievance database is checked to ensure there are not any grievances against the provider.

5. If there are not any grievances, a telephone interview with the provider is conducted to confirm the accuracy of the application and review the Recovery Residence Standards Checklist (Appendix 2).

DECISION POINT: At this point in the process, the provider and FSARR take one of the following actions:

- **Provider Continuation**: Provider completes the phone interview and FSARR continues to process the provider's certification application.

- **Provider Withdrawal**: Provider withdraws certification application by submitting their desire to withdraw in writing to FSARR or verbalizing to Staff, which is to be documented by FSARR staff in the notes field of the providers application (*provider has 30-day threshold to reactivate application*)

- **FSARR Withdrawal**: FSARR deactivates the provider's application based on provider not completing the phone interview (*provider has 30-day threshold to reactivate application*)

6. The provider uploads all their required documents within the certification portal. Provider documents must demonstrate compliance with recovery residence standards, code of ethics, and statute requirements. The provider must submit all required documentation within 90 days of initiating a certification application.

7. The certification staff conducts documentation compliance review of the provider's uploaded documents with the Document Review Questionnaire to ensure the provider meets the minimum recovery residence certification standards.

DECISION POINT: The following outcomes can result from the documentation compliance review of the provider the following outcome:

- **Provider Compliance**:
  - The provider's documentation demonstrates compliance.
  - Certification Staff notifies the provider of documentation compliance.
  - Staff updates the provider's application status in the certification portal.
- **Provider Follow-up Needed**: *Additional provider information is required*.
  - Certification staff requests the needed documentation and/or corrective action needed from the provider.
  - The provider submitted the additional information/documentation.
  - Staff continues to review documentation until found in full compliance or found in non-compliance.
- **Provider Noncompliance**: *A serious issue(s) is identified with the provider's compliance*.
  - Certification staff notifies the Executive Director of instances of non-compliance.
  - The Executive Director is assigned to the application.
  - The Executive Director reviews all provider submitted documentation and original application for certification.
  - If the Executive Director agrees with certification staffs assessment, they may order an unannounced audit or Issue a Notice of Compliance Concerns (Appendix 4) to the provider.

- If an audit was performed the Executive Director review the audits findings a determines if the provider is indeed in Non-Compliance and then issues a Notice of Non-Compliance. If the concern was unfounded, it is noted in the certification portal under the providers application and documentation review recommences under the assessment of the Executive Director.

- The provider has 10 days to respond to a Notice of Non-Compliance.

- The provider's response is provided the FSARR Compliance Committee for review and approval or denial.

- If approved, the provider continued with the certification process.

- If denied, the provider application is closed and the provider is giving a minimum waiting period to take corrective action and reapply along with process for appeals.

- A provider who does not respond to the Notice of Compliance Concerns within 10 days is issued an immediate denial of application.

8. The provider's status is changed to Documentation Compliant – Awaiting Onsite Assessment, unless awarded provisional certification status at the approval of the Executive Director.

9. The Certification Staff contacts the provider and schedules an on-site assessment.

10. The Certification Staff conducts the on-site assessment using the On-site Certification Questionnaire.

11. The Certification Staff completes the on-site assessment and determines recommendation for certification approval.

DECISION POINT: The following outcomes can result from the Certification Staff's determination of recommended certification approval.

- **Certification Recommendation**:

  - The Certification Staff recommends certification approval and ensures all documentation is in the certification portal.

  - The Certification Staff notifies the Executive Director of the certification approval recommendation.

  - The Executive Director reviews onsite assessment report and confers with the Certification Staff's recommendation.

- Certification Staff issues the provider a Certificate of Compliance and changes their status to Certified within the Certification portal.

- Certification Staff adds the provider to the Monthly DHSS Certified Recovery Residence Report (Appendix 7).

 Minor Corrective Action Required:

- The Certification Staff finds minor required corrective action during the onsite review process.

- The Certification Staff submits their findings to the Executive Director.

- The Executive Director reviews the onsite assessment report and evidence to support instances of non-compliance and either agrees with Certification Staff and sends corrective action plan to provider via certification software or marks the item as complaint and enters a note for variance in onsite assessment report.

- The provider must submit proof of corrective action at which time FSARR approves the certification, and the provider is issued an annual certification of compliance.

- The Executive Director alerts Certification Staff to issue the provider a Certificate of Compliance and changes their status to Certified within the Certification portal. (Appendix 6).

- Certification Staff adds the provider to the Monthy DHSS Certified Recovery Residence Report (Appendix 7).

 Moderate Corrective Action Required:

- The Certification Staff finds moderate required corrective action during the onsite review process.

- The Certification Staff submits their findings to the Executive Director.

- The Executive Director reviews the onsite assessment report and evidence to support instances of non-compliance and either agrees with Certification Staff and sends corrective action plan to provider via certification software or marks the item as complaint and enters a note for variance in onsite assessment report.

- Certification Staff notifies the provider of re-inspection requirement and corrective action plan.

- The provider must submit proof of corrective action and request reinspection within time allowed on corrective action plan.

- The Certification Staff conducts the reinspection of the provider's site.

- The provider passes the reinspection, FSARR approves the certification, and the provider is issued an annual certification of compliance.

- Certification Staff issues the provider a Certificate of Compliance and changes their status to Certified within the Certification portal. (Appendix 6).

- Certification Staff adds the provider to the Monthly DHSS Certified Recovery Residence Report (Appendix 7).

Major Corrective Action Required:

- The Certification Staff finds major required corrective action during the onsite review process.

- The Certification Staff submits their findings to the Executive Director.

- The Executive Director reviews the onsite assessment report and evidence to support instances of non-compliance and either agrees with Certification Staff or marks the item as complaint and enters a note for variance in onsite assessment report.

- In instances of confirmed non-compliance, the Executive Director sends provide a notice of noncompliance.

- The provider provides the Executive Director with a response and a plan of corrective action and any applicable documentation.

- The Executive Director confirms receipt and schedules a FSARR Compliance Committee review.

- The Notice of Compliance Concerns, supporting evidence, corrective action, and associated documentation are presented to the Compliance Committee.

- The Compliance Committee issues a certification determination and any associated recommendations.

- If the Compliance Committee determines the certification process is to proceed, the Certification Staff conducts the reinspection of the provider's site.

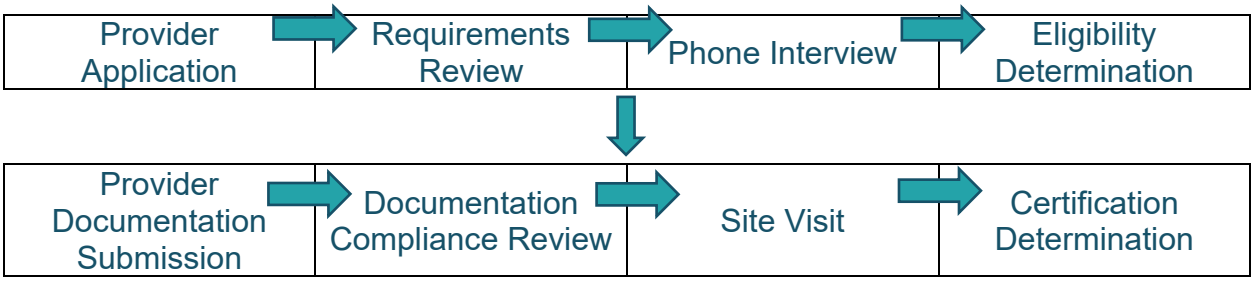
- The provider passes the reinspection, FSARR approves the certification, and the provider is issued an annual certification of compliance.

- The Executive Director alerts Certification Staff to issue the provider a Certificate of Compliance and changes their status to Certified within the Certification portal. (Appendix 6).

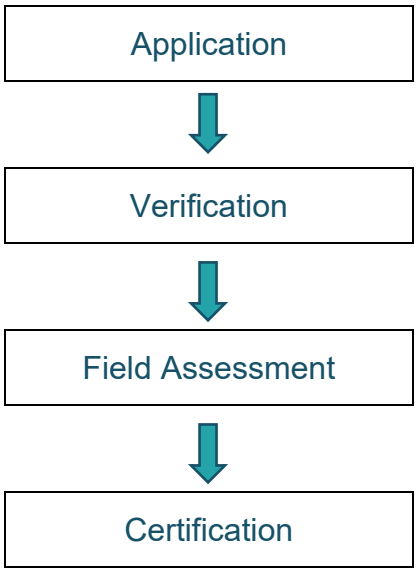
- Certification Staff adds the provider to the Monthly DHSS Certified Recovery Residence Report (Appendix 7).

- If the Compliance Committee determines the provider is not eligible for certification at this time, the provider receives the Notice of Denial and given the appeals process.

The following diagram summarizes the initial recovery residence certification process:



Recovery residence certification stages are as follows:



Recovery residence application status includes the following during the certification process:

- New Application
- Awaiting Phone Interview
- Awaiting Documentation
- Under Review
- Missing Documentation and/or Corrective Action
- Ready for Onsite Assessment
- Onsite Assessment Scheduled
- Pending Compliance Corrections
- Compliant
- Denied
- Suspended
- Re-Assessment Required
- Withdrawn by FSARR
- Withdrawn by Provider

RECOVERY RESIDENCE CERTIFICATION RENEWAL

FSARR's recovery residence certification renewal process verifies and documents provider continuing compliance with standards.

The protocol for recovery residence certification renewal is comprised of the following steps:

1. Certification Staff maintain a recovery residence provider renewal schedule to ensure time notification of certification expiration and renewal requirements.

2. Certification Staff contacts the recovery residence provider approximately 90 days prior to certification expiration.

3. Certification Staff confirms and updates information on the provider's certification record as applicable.

4. Certification Staff requests the provider's certificate of insurance and any additional documentation as required.

5. The Certification Coordinator runs provider addresses through Sheriff Office and/or EMTs public records for calls to 1st responders and overdoses.

6. The provider provides proof of insurance and any additionally required documentation.

7. The Certification Staff contacts the provider and schedules an on-site assessment.

8. The Certification Staff completes the on-site assessment for certification renewal and enters the results in the certification portal.

DECISION POINT: The following outcomes can result from the Certification Staff's determination of recommended certification renewal.

- **Certification Renewal Recommendation**:

  - The Certification Staff recommends certification renewal and ensures all documentation is in the certification portal.

  - The Executive Director reviews the onsite assessment report (Appendix 8) and confers with the Certification Staff's recommendation.

  - The Executive Director approves the renewal certification, and the provider is issued an annual certification of compliance.

- Certification Staff updates the provider on the weekly DHSS Certified Recovery Residence Report and renewal report.

Minor Corrective Action Required:

- The Certification Staff finds minor required corrective action during the onsite review process.
- The Certification Staff submits their findings to the Executive Director.
- The Executive Director reviews the onsite assessment report and evidence to support instances of non-compliance and either agrees with Certification Staff and sends corrective action plan to provider via certification software or marks the item as complaint and enters a note for variance in onsite assessment report.
- The provider must submit proof of corrective action at which time FSARR approves the certification, and the provider is issued an annual certification of compliance.
- Certification Staff updates the provider on the weekly DHSS Certified Recovery Residence Report and Renewal Report.

Moderate Corrective Action Required:

- The Certification Staff finds moderate required corrective action during the onsite review process.
- The Certification Staff submits their findings to the Executive Director.
- The Executive Director reviews the onsite assessment report and evidence to support instances of non-compliance and either agrees with Certification Staff and sends corrective action plan to provider via certification software or marks the item as complaint and enters a note for variance in onsite assessment report.
- Certification Staff notifies the provider of re-inspection requirement and corrective action plan.
- The provider must submit proof of corrective action and request reinspection within time allowed on corrective action plan.
- The Certification Staff conducts the reinspection of the provider's site.

- The provider passes the reinspection, FSARR approves the certification, and the provider is issued an annual certification of compliance.

- The Executive Director alerts Certification Staff to issue the provider a Certificate of Compliance.

- Certification Staff updates the provider on the weekly DHSS Certified Recovery Residence Report.

- **Major Corrective Action Required**:

- The Certification Staff finds major required corrective action during the onsite review process.

- The Certification Staff submits their findings to the Executive Director.

- The Executive Director reviews the onsite assessment report and evidence to support instances of non-compliance and either agrees with Certification Staff or marks the item as complaint and enters a note for variance in onsite assessment report.

- In instances of confirmed non-compliance, the Executive Director sends provide a notice of noncompliance.

- The provider provides the Executive Director with a response and a plan of corrective action and any applicable documentation.

- The Executive Director confirms receipt and schedules a FSARR Compliance Committee review.

- The Notice of Compliance Concerns, supporting evidence, corrective action, and associated documentation are presented to the Compliance Committee.

- The Compliance Committee issues a certification determination and any associated recommendations.

- If the Compliance Committee determines the certification process is to proceed, the Certification Staff conducts the reinspection of the provider's site.

- The provider passes the reinspection, FSARR approves the certification, and the provider is issued an annual certification of compliance.

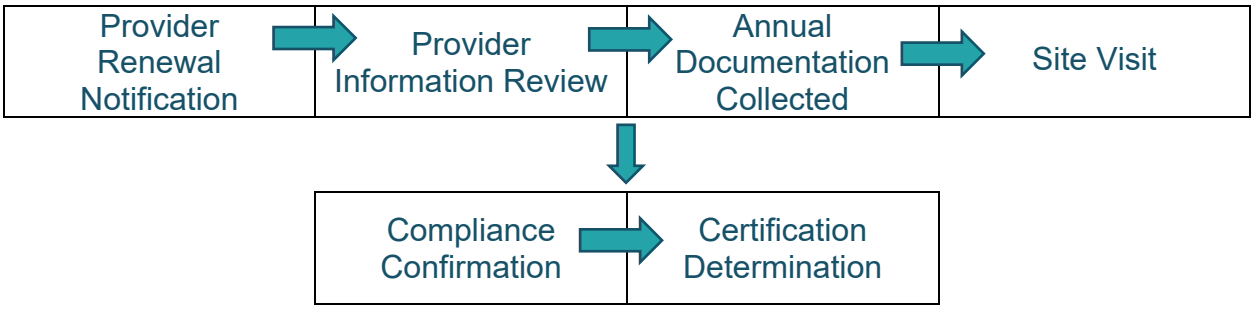
- The Executive Director alerts Certification Staff to issue the provider a Certificate of Compliance.

- Certification Staff updates the provider on the weekly DHSS Certified Recovery Residence Report.

- If the Compliance Committee determines the provider is in noncompliance, the provider receives the Notice of Suspension with steps to regain certification or a Notice of Revocation and given the appeals process.

- Certification Staff removes the provider from the DHSS list and list of Certification Providers online.

The following diagram summarizes the recovery residence certification renewal process:



RECOVERY RESIDENCE AUDITS, MONITORING AND OVERSIGHT

FSARR regularly conducts compliance audits, monitoring, and oversight of its certified recovery residences. These audits, which are unannounced on-site evaluations, are intended to confirm that recovery residence provider practices comply with standards. Compliance audits are designed to support providers' commitment to deliver quality services that adhere to recovery residence requirements.

FSARR completes annual compliance audits (on-site visits without advance scheduling) on a minimum of 25% of its certified recovery residence providers each calendar year. FSARR randomly selects providers for annual audits and ensure all residences receive an audit at least every three years.

While compliance audits are not necessarily the result of an advanced indicator or suggestion of non-compliance, FSARR may determine the need for a provider audit based on a compliance concern, complaint and/or grievance in which case FSARR may conduct the audit using a review tool specifically generated for the provider based on the concern or indicator.

The protocol for recovery residence audits, monitoring, and oversight is comprised of the following steps:

1. The Executive Director assigns Certification Staff to an audit within the Certification software.

2. The assigned Certification Staff conducts an unannounced visit at the provider site. If a provider does not allow the Certification Staff to access to site, FSARR will immediately revoke the provider's certification.

3. The Certification Staff completes the routine on-site audit assessment. During the on-site compliance audit, the Certification Staff may examine provider policies, procedures, documents, and records. The Certification Staff may also interview provider staff, volunteers, residents, and neighbors.

4. Following the completed audit, the Certification Staff compiles an Audit Assessment Report.

5. The Executive Director reviews the audit report and confirms provider compliance.

DECISION POINT: The following outcomes can result from the Certification Staff's audit:

- **Certification Compliance**:

- The Certification Staff finds the provider in compliance with certification requirements.

- The Executive Director reviews the onsite assessment report and confers with the Certification Staff's findings.

Minor Corrective Action Required:

- The Certification Staff finds minor required corrective action during the onsite review process.

- The Certification Staff submits their findings to the Executive Director.

- The Executive Director reviews the onsite assessment report and evidence to support instances of non-compliance and either agrees with Certification Staff and sends corrective action plan to provider via certification software or marks the item as complaint and enters a note for variance in onsite assessment report.

- The provider must submit proof of corrective action at which time The Executive Director approves the corrective action plan.

Moderate Corrective Action Required:

- The Certification Staff finds moderate required corrective action during the onsite review process.

- The Certification Staff submits their findings to the Executive Director.

- The Executive Director reviews the onsite assessment report and evidence to support instances of non-compliance and either agrees with Certification Staff and sends corrective action plan to provider via certification software or marks the item as complaint and enters a note for variance in onsite assessment report.

- Certification Staff notifies the provider of re-inspection requirement and corrective action plan.

- The provider must submit proof of corrective action and request reinspection within time allowed on corrective action plan.

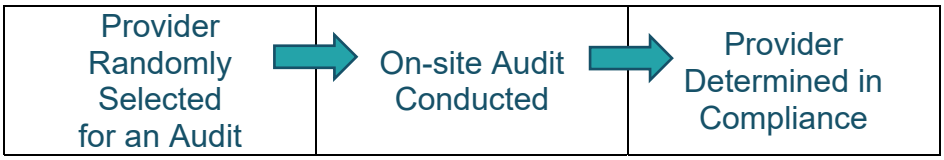
- The Certification Staff conducts the reinspection of the provider's site.

- The provider passes the reinspection, FSARR approves the corrective action plan.

Major Corrective Action Required:

- The Certification Staff finds major required corrective action during the onsite review process.
- The Certification Staff submits their findings to the Executive Director.
- The Executive Director reviews the onsite assessment report and evidence to support instances of non-compliance and either agrees with Certification Staff or marks the item as complaint and enters a note for variance in onsite assessment report.
- In instances of confirmed non-compliance, the Executive Director sends provide a notice of noncompliance.
- The provider provides the Executive Director with a response and a plan of corrective action and any applicable documentation.
- The Executive Director confirms receipt and schedules a FSARR Compliance Committee review.
- The Notice of Compliance Concerns, supporting evidence, corrective action, and associated documentation are presented to the Compliance Committee.
- The Compliance Committee issues a certification determination and any associated recommendations.
- If the Compliance Committee determines the certification process is to proceed, the Certification Staff conducts the reinspection of the provider's site.
- The provider passes the reinspection, FSARR approves the corrective action.
- If the Compliance Committee determines the provider is in noncompliance, the provider receives the Notice of Suspension with steps to regain certification or a Notice of Revocation and given the appeals process.
- The Executive Director notifies Certification Staff to remove the provider from the DHSS list and list of Certification Providers online.

The following diagram summarizes the recovery residence audit and monitoring process:



COMPLIANCE, COMPLAINTS, AND GRIEVANCES MANAGEMENT

FSARR may receive a compliance concern, complaint, and/or grievance regarding a recovery residence.

The protocol for addressing a recovery residence compliance concern, compliant, and/or grievance is comprised of the following steps:

1. FSARR Staff documents the concern, complaint, or grievance in FSARR's recovery residence database. FSARR Staff may also direct the grievant to the database to submit the concern, complaint, or grievance.

2. Certification Staff gathers supportive information and evidence, including witnesses as related to the concern, complaint, or grievance. This activity may include having Certification Staff conduct an on-site provider audit. As applicable, this investigation includes who, when, and where; attention to safety and danger; interest in individuals' well-being; documentation of any standards/ethics violation, and other validating information or documentation of unfounded conditions.

DECISION POINT: The following can result from FSARR's management of recovery residence compliance concerns, complaints, and/or grievances.

- **Recovery Residence is not FSARR Certified (Tier 1)**:

  - Certification Staff notifies the appropriate governmental and/or law enforcement agency of the concern, complaint, or grievance and attempts to place the grievant in alternative housing, if applicable.

  - Certification Staff maintains documentation and a record of the incident and disposition within the certification software.

  - Certification Staff also may educate the recovery residence provider about FSARR certification, including in an effort to engage the provider in quality standards commitment and compliance.

- **Recovery Residence is FSARR Certified and Reported Issue in Unfounded (Tier 2)**:

  - Certification Staff documents the investigation and unfounded findings.

  - Certification Staff maintains a record of the incident and disposition within the certification software.

- **Recovery Residence is FSARR Certified and Reported Issue is Substantiated (Tier 2):**

  - Certification Staff documents the investigation and the substantiated findings.
  - Certification Staff issues the provider a Notice of Compliance Concerns.
  - The provider provides Certification Staff with a response and plan of corrective action and any applicable documentation.
  - Certification Staff schedules a FSARR Compliance Committee review.
  - Certification Staff presents provider compliance concerns, corrective action, and associated documentation are presented to the Compliance Committee.
  - The Compliance Committee issues a determination and any associated recommendations.
  - If the Compliance Committee determines the certification remains, the assigned Certification Staff conducts an on-site assessment of the provider's site to confirm corrections and compliance.
  - The provider passes the reinspection, and FSARR maintains the provider's certification.
  - Certification Staff maintains the provider on the weekly DHSS Certified Recovery Residence Report.
  - If the Compliance Committee determines the provider's certification should be revoked, the provider is notified of this determination and given a waiting period to reapply with all required compliance corrections completed. If the determination is the provider should be suspended, the provider is issued the notice of suspension with the steps to regain certification compliance. The provider is given the appeals procedure.
  - Certification Staff removes the provider from the DHSS Certified Recovery Residence Report and web.
  - Certification Staff maintains a record of the incident and disposition.

TECHNICAL ASSISTANCE AND PROFESSIONAL DEVELOPMENT

FSARR may receive requests from recovery residence providers for technical assistance and/or training.

The protocol for FSARR technical assistance and/or training is comprised of the following steps:

FSARR determines if technical assistance will be provided directly or a referral will be given to provider.

DECISION POINT: The following can result from FSARR's management of technical assistance and/or training requests:

- **Direct Assistance**:
  - The Executive Director or designated FSARR representative provides the required technical assistance and/or training to the provider.
  - Current areas of FSARR expertise include expanding bed capacity, increasing bed capacity in geographic areas with limited recovery residences, and serving special needs populations.
  - Additional areas of support may include property review, protocol development, workforce education, and community outreach.
- **Referrals**:
  - The Executive Director or designated FSARR representative provides the provider with a referral to the appropriate organization (including NARR) for the requested/required technical assistance and/or training.
  - Referrals may be provided in the support areas of regulatory guidance, legal counsel, specialized consultation, and/or individualized training.

FSARR COMPLIANCE COMMITTEE

NOTIFICATIONS OF NON-COMPLIANCE CONCERNS TO RECOVERY RESIDENCES OPERATORS

MISSION STATEMENT

At FSARR, our mission is clear and resolute. We are devoted to supporting individuals in their recovery by promoting access to recovery residences across Delaware that meet the rigorous standards defined by NARR. We firmly believe that a safe, supportive, and recovery-focused living environment can be the cornerstone of successful recovery journeys.

VISION STATEMENT

We envision a future where every individual in recovery has access to safe, supportive, and well-regulated recovery residences that adhere to national standards. By working collaboratively with stakeholders, policymakers, and the community, we seek to create a recovery-focused Delaware where compassion, understanding, and accessibility to recovery support services are at the forefront.

COMPLIANCE COMMITTEE

The Compliance Committee is charged with the responsibility to assist Recovery Residences operate within the FSARR Standards.

I. CERTIFICATION AND COMPLIANCE COORDINATOR

Upon findings of non-compliance, a letter outlining the areas of concerns is issued to the Residence Operator. The operator is required to provide FSARR with a response and a

corrective action plan within 10 days of receipt of notice. Upon receipt of the Residence Operators response and corrective action plan the Executive Director:

A. May request supplemental information from the Residence Operator concerning the proposed corrective action plan.

B. Schedule a closed meeting of the Compliance Committee within thirty (30) days. A closed meeting includes the Compliance Committee and the Executive Director only.

C. The Executive Director will Notify the Board of Directors of such issuance and notice of Compliance Committee meeting schedule.

D. The Executive Director presents the information gathered, along with providers response to the committee with a recommendation to suspend, deny revoke or approve corrective action.

E. The conclusions of the Compliance Committee will be provided to the Residence Operator with three (3) business days. A copy is provided to the Executive Director and the Board of Directors.

II RESIDENCE OPERATOR APPEAL

A. Within ten (10) business days of receipt of the written conclusions of the Compliance Committee (1E), the Residence Operator may submit a Request for Reconsideration.

B. Residence Operators may request Reconsideration either by informal written appeal or an informal hearing, to FSARR via mail, fax, or email.

C. Failure to timely provide FSARR with written Request for Reconsideration as outlined will be considered a waiver of all rights to appeal the FSARR decision.

D. The written Request for Reconsideration must detail the reasons the Residence Operator is seeking reconsideration and whether the Residence Operator is seeking an informal hearing with the Compliance Committee or, intends to submit a written request for reconsideration only.

III RESPONSE TO RECONSIDERTAION REQUEST

Within twenty (20) business days of FSARR's receipt of the written Request for Reconsideration, the Chair of the Compliance Committee will.

A. Provide written Notice to the Residence Operator with the associated deadlines for a written submission in support of reconsideration or date for an informal hearing. The Informal hearing shall be scheduled no less than twenty (20) and no more than sixty (60) days of the date the Notice of Informal Hearing was mailed to the Residence Operator.

1. During the pendency of the Request for reconsideration, there shall be no contact between the Residence Operator and FSARR, for purposes of discussing issues raised in the Compliance Committee findings, with the exception of imminent health and safety concerns for the Recovery Operators current clients.

2. Any request for postponement of the appeal hearing must be served in writing to FSARR at least five (5) business days prior to the scheduled date. The decision to grant or deny the request for postponement is solely that of FSARR.

IV INFORMAL HEARING

A. Informal Hearings shall be presided over by a member of the Compliance Committee and is appointed to this position on a case-by-case basis.

B. The Compliance Committee will consider all facts having probative value.

C. Residence Operators are permitted to attend with an Attorney. However, the presence of counsel alone does not meet the requirement of Residence Operator's attendance.

D. Residence Operators are required to attend an Informal Hearing. Residence Operators may designate the Director of Certification, Chief Compliance Officer, or designated full-time employee, who has full knowledge of the Residence Operator's business practices and the matters contained within the Compliance Committees written conclusions.

E. The Informal Hearing is closed to the public.

V. INFORMAL HEARING REPORT AND RECOMMENDATION

A. Within twenty (20) business days of the conclusion of the Informal Hearing, the appointed presiding Compliance Committee member will prepare and submit, to the Executive Director and the Board of Directors, a written Report and Recommendation, based on the majority decision of the Compliance Committee, which shall summarize the Compliance Committees findings to affirm or reverse the original determination made, which will include as appropriate, recommendations for sanctions detailing the sanctions to be imposed, including fees, educational requirements, and timeframes for compliance.

B. The Executive Director, or designee, shall present the committee's written Report and Recommendation to the Board of Directors at its next scheduled meeting. The Board of Directors shall vote to accept, accept with modifications, or reject the Compliance Committees recommendation.

C. Within seven (7) business days of the final determination by the Board of Directors, the Executive Director shall send notification to the Residence Operator.

VI. FSARR FINAL DETERMINATION APPEAL

Residence Operators may elect to have the FSARR final determination reviewed by the Division of Substance Abuse and Mental Health pursuant to Delaware Statue

Any decision by a division-recognized credentialing entity to deny, revoke, or suspend a certification, or otherwise impose sanctions on a recovery residence, is reviewable by the department. Upon receiving an adverse determination, the recovery residence may request an administrative hearing within 30 days after completing any appeals process offered by the credentialing entity or the division, as applicable.

FSARR COMPLIANCE COMMITTEE AUTHORITIES

The FSARR Compliance Committee is vested by the FSARR Board of Directors with sole authority over the recovery residence certification process, including ensuring that the process meets all NARR and best practice standards, specific mandates of Chapter 22A. This Standing Committee is authorized by the FSARR Board of Directors to deny, suspend or revoke certification pursuant to established and accepted procedures and guidelines.

FSARR COMPLIANCE COMMITTEE STANDING COMMITTEE

The Compliance Committee shall be comprised of five (5) to seven (7) members, majority of which shall be certified recovery residence administrators (representing Level II, Level III and Level IV facilities) and which shall be chosen to represent, to the greatest degree possible, the geographic regions of the State of Delaware. committee chair shall be an independent committee member also elected to the Board of Directors and shall be a non-provider. The policies and procedures of the Compliance Committee shall be governed by a written Compliance Committee Charter, which shall be periodically reviewed by the committee and approved by the Board. These members serve as volunteers are not compensated. Eligibility and rotation criteria is set forth in the Compliance Committee Charter and is intended to ensure fair and impartial application of authority.

FSARR ORGANIZATIONAL CHART

