

**Recovery Housing**  
**Recommended Policy and Procedure Requirements**  
**Submitted to Pennsylvania Department of Drug and Alcohol Programs**  
**Provided by Certified Drug and Alcohol Recovery Housing Taskforce**  
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**Principle**

A Certified Alcohol and Drug Free Recovery House (CADFRH) shall encourage residents to seek sufficient professional care in order to meet the medical, psychological and the community support needs of those residents living within the home to support and strengthen their respective recovery processes.

**Organization**

- (A) CADFRHs will accept residents under two scenarios, both intended to assure residents have received appropriate assessment and placement into treatment to address their substance use issues.
- (1) A CADFRH will accept residents based on referral from a Single County Authority (SCA) or a Pennsylvania licensed drug and alcohol treatment provider. Such residents will be case managed by the SCA or treatment provider to ensure both treatment and ancillary service needs are being addressed and monitored. The CADFRH shall be provided documentation by the case manager authorizing placement into the recovery house and confirming engagement in treatment, as applicable.
- (2) For those individuals seeking admission into a CADFRH, without referral from an SCA or treatment provider, as defined in Subparagraph (1) above, the recovery house must engage the SCA to provide assessment of the individual within 14 days of entrance into the recovery house. Case management by the SCA may be provided directly by the SCA or through a contracted entity providing such services as a representative of the SCA. Similar to Subparagraph (1), the CADFRH shall be provided documentation by the case manager authorizing placement into the recovery house and confirming engagement in treatment, as applicable.
- (B) Those CADFRHs that intend to provide any kind of supportive services shall provide a written description of the services provided in the house manual that is available for inspection. Note that treatment services in Pennsylvania require a license from the Department of Drug and Alcohol Services (DDAP) Division of Program Licensure.
- (C) CADFRH property owners/operators shall carry general liability insurance and shall comply with all state and federal requirements. If required, documents such as licenses to operate and certificates of occupancy will be posted in common areas visible for public view and inspection.
- (D) CADFRHs shall abide by all applicable local building and fire safety codes. Documentation of compliance with these standards is to be stored in an accessible location and be made available for inspection upon request.

- (E) If the building is rented or leased, the house operator will have written permission from the owner to operate a recovery house, which will be made available for inspection upon request.

### **House operator**

When a CADFRH is providing housing or any other service, there shall be an identified house operator responsible for oversight of the house. The house operator may be an owner, agency employee or house president and be identified in writing as the person responsible for all functions and operations of the CADFRH. The name, address and contact information of the person responsible for the house will be posted in a common location of the house. The house operator shall have a written description of duties, including minimum qualifications and responsibilities. Notification of any change in house operator shall be provided to the identified oversight agencies as determined by DDAP within seven days of a change in status. House operators are to have criminal history background checks conducted within 14 days of assuming duties for house operations.

### **Dual relationships**

CADFRH operators shall establish policies to reduce real or perceived ethical conflicts that include the following.

1. CADFRH owners, employees, operators and house officers shall excuse themselves from taking an active part in the care of relatives, close friends, or business acquaintances.
2. CADFRH owners, employees, operators and house officers shall not offer, pay, solicit, or receive any commission, bonus, rebate, directly or indirectly, in cash or in-kind, or engage in any split fee arrangement, in any form whatsoever, for any of the following:
  - To induce the referral of patients or patronage to or from a health care provider or health care facility or other third party entity;
  - In return for the acceptance or acknowledgement of services from a health care provider, health care facility or third party entity.
3. CADFRH owners, employees, operators and house officers shall ensure that any former resident will not be hired as an employee of the house they reside in unless a significant period of time (18 to 24 months) has elapsed. A period of 18 to 24 months of sustained recovery is the ethical standard for new hires and should be clearly stated in the site's policy and procedures regarding employment of persons identifying themselves as in recovery. In addition, former residents shall not be compensated beyond rent assistance in the house in which they lived for a period of 18 to 24 months post-residency.
4. CADFRH owners, employees, operators and house officers shall refrain from engaging in any non-therapeutic dual relationships with residents during residency and for a minimum of two years post-residency. If a more restrictive time frame is listed in a house owner's, employee's, operator's or house officer's professional ethics code, then that time frame shall apply.
5. CADFRH owners, employees, operators and house officers shall not provide clinical or therapeutic interventions unless licensed to do so by the DDAP Division of Program Licensure.

## **Physical plant**

It shall be the policy within all CADFRHs that all house utilities, major appliances, plumbing and electric service systems are maintained in good working and safe operational condition. The house shall address routine and emergency repairs of all house physical plant systems in a timely manner for the safe operation of the house. Houses should maintain written policies for residents to report physical plant repairs to the house operator. The house operator is responsible for having regular house maintenance completed in a timely manner. Critical systems such as heating systems, water systems, and electrical systems need to be repaired by qualified professionals within 48 hours of a reported issue. Policy is to include provisions to transfer house residents to alternative safe housing in the event that repairs to critical house systems cannot be completed.

## **CADFRH staffing plan**

When a CADFRH has staff or officers beyond that of the house operator, the house shall maintain a staffing plan and have written descriptions of the duties of house staff and officers posted in a common location in the house and available for inspection.

## **Arriving in the house**

- I. House residency and orientation procedures shall be performed within 24 hours of arrival to the CADFRH.
- II. Residency procedures shall include documentation of the following:
  - a. Histories should be constructed to collect the information necessary to process the person into residency and include the following.
    - i. A medical history documenting residents' personal medical history, history of illness and symptoms as well as any medical monitoring needs.
    - ii. Drug and alcohol history, to include a history documenting the substances most frequently abused, the length and patterns of use, dates of last use and any continuing care recommendations/aftercare plans.
    - iii. Personal history that includes historical and current personal data limited to that required to monitor the resident's needs as a resident of the house.
  - b. A Consent to Residency form should be signed by the resident and house operator within 24 hours of being accepted into the house. This consent could be integrated with other forms/procedures (e.g., liability determination, support plan, intake, orientation verification).

## **Resident management services**

- I. In houses that provide services beyond housing, there shall be a written recovery plan completed within 30 days and updated at minimum every 90 days thereafter that delineates

specific service planning and educational approaches, support and treatment referrals used to assist the resident in the recovery process.

## **Resident records**

- I. A record shall be maintained by the house operator at point of residency to include orientation, resident history, signed code of ethics and all other appropriate information necessary for residency in the house. This record will be maintained in a secure storage area with a locked door. It is the responsibility of the house operator to maintain these records in accordance with all applicable federal and state regulations. Records will be available for inspection by DDAP, its designee or properly authorized funding source in accordance with all applicable laws and regulations.
- II. There shall be a complete resident record on an individual, which includes information relative to the resident's involvement with the house. In addition to the requirements delineated above, the resident record shall include the following.
  - a. Drug and alcohol consent forms signed and dated by the house operator and resident.
  - b. Copy of the house resident's rights, responsibilities and grievance procedures signed and dated by the resident and house operator, including:
    - i. The stepped grievance process that includes external steps as determined by DDAP or its designee.
    - ii. Documentation that a copy of the rights, responsibilities and grievance procedures were reviewed with the resident within 24 hours of arrival at the house.
  - c. CADFRH code of ethics signed and dated by both resident and house operator.
  - d. Drug and alcohol Pennsylvania Client Placement Criteria evaluation or treatment referral contact. A written log or a separate entry within the activity notes should record the nature and disposition of referrals made to outside resources.
  - e. Activity notes indicating a resident's overall progress and current status in meeting his/her goals or needs during residency should be recorded in the resident's record on a weekly basis. All activity notes should be dated and signed by the individual making the entry.
  - f. A copy of the house rules signed and dated by the house operator and resident, including the rules that, if not followed, may lead to involuntary termination of resident status from the house, signed by the resident within 24 hours of time of residency in the house.
  - g. A complete record of fee deposits, resident fees and all other monetary transactions between the house and the resident, including documentation that all deposits were returned to the resident when the resident departed the house, signed and dated by the house operator.
- III. A resident has the right to inspect his/her own records.
- IV. Confidentiality
  - a. Where applicable, a written procedure shall be developed by the house operator that shall comply with 4 Pa. Code §255.5 and 42 CFR PRT II or any other applicable state or federal confidentiality regulations (relating to projects and coordinating bodies

disclosure of client-oriented information). The procedure shall include, but not be limited to:

- i. Confidentiality of resident personal identifying information and records: house operators should include a description of how they plan to address security and release of records. They should also identify the person(s) responsible for maintenance of records.
  - ii. Access to resident records: persons having access to records should be identified either by name or position. The methods by which staff gain access to records also should be outlined.
- b. The CADFRH shall obtain an informed, voluntary and properly executed consent from the resident for the disclosure of protected information contained in the resident record. The consent shall be executed in accordance with all the elements required under applicable state and federal laws.
- c. A copy of a resident consent shall be offered to the resident and a copy maintained in the resident records. Compliance with this standard may be demonstrated by indicating on the consent form whether the copy was accepted or refused, posting a policy statement or including it in the resident's orientation packet.
- d. Where consent is not required, the house personnel shall:
- i. Fully document the disclosure in the resident records.
  - ii. Inform the resident, as readily as possible, that the information was disclosed, for what purposes and to whom.

## **Data reporting**

A CADFRH shall comply with the commonwealth's (or its designee) data collection requirements. Basic reporting elements may include date of arrival, date of departure and reason for departure.

## **Reporting of unusual incidents**

Unusual Incidents are to be reported to DDAP, its designee, or other entities as regulations require within 48 Hours. The house operator will provide a written report of the event on a form provided by DDAP or its designee. Unusual incidents to be reported include the following.

- The death, overdose or a suicide attempt of a resident in a recovery house
- Physical assault
- Sexual assault
- Outbreak of a contagious disease or food poisoning among residents
- A serious crime
- A condition that results in closure of the recovery house for more than one day of operation
- A fire or structural damage to the recovery house
- Misuse or alleged misuse of a resident's funds or property

## **Notification and termination**

- I. The house operator shall notify the resident, in writing, of a decision to involuntarily terminate the resident status as a member of the house. The notice shall include the specific reason for termination and be signed and dated by the house operator or their designee. A copy of this notice should be maintained in the resident's record.
- II. The resident shall have an opportunity to request reconsideration of a decision terminating status as a resident of the house.
  - a. The resident should be informed of this right in the termination notice itself and in a resident's rights statement disclosed to the resident during intake/orientation. The resident's rights statement shall include a copy of the stepped grievance procedure in the county in which that house is located.
  - b. The request should be in writing and a copy maintained in the resident's record.

## **CADFRH Activities**

### **Arrival**

- I. The house operator shall develop a written orientation plan that shall include, but not be limited to, the following.
  - a. Screening process and criteria for residency.
  - b. Education or peer support activities, if any utilized by the house.
  - c. Requirements, if any, for completion of stay in the house.
  - d. Involuntary discharge/termination from residency in the house. Examples of involuntary discharges may include acts of violence, use/misuse of chemicals, absenteeism and failure to actively follow the recovery plan.
  - e. How information on local support meetings, treatment options and community resources are communicated with residents so that they can use a full range of recovery and treatment resources in the community.
- II. First day of residency procedures shall include documentation of the following.
  - a. Disclosure to the resident of criteria for residency, house rules, fee schedules, policies that describe and fully document all financial transactions and the collection of residency fees, payments and deposits. The fee policy is to describe how these fees are handled in a transparent manner, collection and return of any deposits paid at departure.
  - b. Resident orientation to the service, which shall include, but not be limited to, a familiarization with the following.
    - i. Service and referral for service policies.
    - ii. Services provided (if any).
    - iii. Emergency procedures and contact information for the house owner or house operator including the public area in the house that this information is posted, the location of posted emergency numbers, protocols and location of fire

extinguishers, fire alarm pull stations, and evacuation maps (located at minimum on each floor of the residence).

- c. Recovery plan (if applicable): an initial recovery plan should be developed based upon information derived from the initial interview and contact with the resident within 30 days. The plan should include strength-based strategies and include referral to treatment as indicated and be updated each 90 days beyond that point.

### **Recovery activities and services (if applicable)**

- I. The house operator shall be responsible for a written plan for the coordination of resident recovery activities and services which shall include, but not be limited to:
  - a. Defined target population: that portion of the general population for whom house services are appropriate.
  - b. Recovery support methods (if any) used by the house.
  - c. Written procedures for the development, approval and ongoing management of recovery support services (if any) for residents.
  - d. Written policies and procedures for referral outlining cooperation with drug and alcohol treatment and other service providers. Referral procedures should state who makes and accepts referrals and how they are to be documented. Procedures should address incoming as well as outgoing referrals and should clearly indicate that residents can choose their own programming. This policy must address real or perceived conflicts of interest between house operators or staff who are affiliated in any way with programs to or from which their residents may be referred.

### **Resident support services**

CADFRHs that provide services beyond housing shall post the services that they offer in a common area and offer encouragement to engage in these services. The house operator may assist the resident in obtaining the following supportive services, when requested by the resident.

- Educational
- Vocational
- Job development and placement
- Economic
- Legal
- Recreational/social
- Medical/dental.

### **Therapeutic environment**

There shall be adequate space, facilities and equipment to meet the needs of the residents for private and group interaction.

## Medication control

*Note: Under Pennsylvania law, the only persons legally permitted to administer medication (controlled substances) are physicians, physicians' assistants, registered nurses and LPNs. All drugs that are to be self-administered should be packaged in a manner complying with the Poison Prevention Packaging Act of 1970 and all current regulations, stemming from said act.*

CADFRH shall have a written policy regarding medications used by residents, which shall include, but not be limited to, how residents are oriented to house policies regarding medication and how they are responsible for:

- I. Self-administration, handling and storage of their own medication. Recovery house operators may elect to provide additional safeguards and policies to ensure adherence to self-care, handling and storage of medication based on their level of structure.
- II. Policies are to be in place for resident's orientation on:
  - a. Self-Administration of medication. In houses that permit the self-administration of drugs with abuse potential, additional structure and oversight is required. There should be a written policy and procedure governing such activity.
  - b. Safe Storage of medication, to include risks of improperly stored medication particularly as it relates to children.
  - c. Emergency procedures in the event of an adverse medication reaction.
  - d. Safe disposal of unused or expired medication.
  - e. Prohibition on sharing medication or taking it in any other way than as prescribed.
  - f. House policy on how residents support each other in their adherence to taking properly prescribed medications.
- III. A policy to require the availability of naloxone for use within the house in case of an overdose.
- IV. Drug storage areas: the policy should include where and how drugs are stored. All drugs including those stored for residents by the house should be secured in locked containers (areas) with keys accessible only to authorized persons.
- V. Inspection of storage areas: the policy should include what is to be verified through the inspection, who inspects, how often, and in what manner it is to be recorded. Inspections of all drug storage areas and medication stations are to be conducted at least quarterly to ensure that these areas are maintained in compliance with federal, state and local regulations. A dated record of these inspections should be maintained in order to verify that:
  - a. Disinfectants and drugs for external use are stored separately from oral and injectable drugs.
  - b. Drugs requiring special conditions for storage to insure stability are properly stored.
  - c. Outdated drugs are removed.
  - d. Administration of controlled drugs are adequately documented.
  - e. Controlled substances and other abusable drugs are stored in accordance with all federal, state and program regulations. (Copies of drug-related regulations should be available in appropriate areas.)
- VI. Methods for control and accountability of drugs: the policy should indicate who is authorized to remove drugs from the storage area and the means of accountability for all stored drugs. A



system should be developed to record drugs withdrawn indicating the name of the drug, house operator or staff person, amount, time and date.

- VII. Security of drugs, including procedures to address loss, theft, or misuse of drugs.
- VIII. Inventories: the policy should state who performs the inventory, how often, and the manner of recording. (A regular account/record of stored drugs should include the date, person performing the inventory, amount of drugs on hand, amount used, amount needed or amount ordered [if applicable], balance, comments, etc.)
- IX. Medication errors and drug reactions: the policy should include reporting medication errors and adverse drug reactions. A dated entry of the medication given and any drug reaction should be recorded in the client record.