WVARR
West Virginia Alliance of Recovery Residences

Certification Preparation Packet 3.0

Effective April 1st, 2026

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Certification Eligibility Requirements

Certification Eligibility:

The WVARR certification process is designed for all levels of recovery residences currently operating in West Virginia that meet the definition of recovery residences. According to West Virginia state law, '"Recovery residence" means a single-family, drug-free, and alcohol-free residential dwelling unit, or other form of group housing, that is offered or advertised by any person or entity as a residence that provides a drug-free and alcohol-free living environment for the purposes of promoting sustained, long-term recovery from substance use disorder."

Some key elements of recovery residences may include, but are not limited to:

- ☐ Illicit drug and alcohol-free living environment;
- ☐ Incorporate peer support and/or recovery support services;
- ☐ Follow the Social Model of Recovery;
- ☐ Offered or advertised as promoting sustained long-term recovery from Substance Use Disorder (SUD) and primarily serves people with Substance Use Disorders (including Alcohol Use Disorder, Poly-Substance Use, Opioid Use Disorder, etc.)
- ☐ Designated by WV OHFLAC as a recovery residence

The organization responsible for the operations of the residence is the entity that must apply for certification. All recovery residences operated by the applicant organization **must** be reported and included in the certification application, including any residences that aren't yet open and any graduate or step-down housing that has a ***programmatic*** or ***sobriety*** requirement.

Applicant organizations should be open and operating for 60 days at 60% capacity prior to applying for certification. However, some new residences may be eligible for a *New Residence Provisional Certification* without meeting these capacity requirements, as outlined below.

New Residence Provisional Certification:

The operational requirement of 60% capacity for 60 days may be waived for new and newly developing recovery residences. Qualifying developing residences may acquire a *New Residence Provisional Certification*, which shall be considered equal by any relevant referring or funding entities as it pertains to requirements set forth in West Virginia state code.

WVARR may temporarily waive certain physical or capacity requirements that the residence cannot meet or complete in its current phase of development without access to additional funding or resident referrals. In order to qualify for a New Residence Provisional Certification, the applicant must demonstrate compliance with all other certification requirements outlined by the

National Alliance of Recovery Residences, the West Virginia Alliance of Recovery Residences, and the State of West Virginia. ***Under no circumstances will any waivers be issued that would jeopardize resident health or safety.***

If the residence is granted a New Residence Provisional Certification, the residence will require a follow-up inspection within 60 days of opening so that the remaining requirements can be assessed, to include resident interviews.

In order to be granted a New Residence Provisional Certification, the operator must submit a formal waiver request to the assigned certification reviewer to be reviewed on a case-by-case basis and approved or denied by the WVARR director.

Criteria for Issuing Waivers:

Waivers are issued at WVARR's discretion after taking into consideration all relevant factors, including that the applicant residence meets all standards other than those for which a waiver is requested. WVARR will adhere to the following guidelines in evaluating and acting on requests:

1. Applicants must be able to demonstrate and verify the residence meets the criteria for a "new residence."
2. Waivers may only be granted to **new** recovery residences. Waivers will not be granted for any residences opened and operating prior to the date of application, unless the residence has not yet met the resident capacity requirements.
3. No waiver may be granted for conditions that jeopardize resident health and safety.
4. Applicants must certify full compliance with any applicable fire, health, or safety codes.
5. No waiver may be granted for elements of the standards other than those pertaining to physical environment or resident interviews without prior consultation with NARR.
6. If certain requirements pertaining to the physical environment are waived by WVARR for the purposes of allowing the residence access to start-up funding and referrals, the residence must submit to a physical inspection by WVARR prior to admitting residents.
7. The applicant must propose a remediation plan that will address any and all deficiencies and a future date by which they expect to come into full compliance.

Waiver process:

Applicants must make a formal written request for a waiver, which will include:

1. Reason for the request
2. NARR/WVARR standard(s)or requirement(s) for which a waiver is requested
3. Exact nature of the waiver (e.g. acquire startup funding to purchase/renovate a building)
4. Remediation plan and period of time during which the waiver will be in effect

WVARR will maintain the application and records related to the waiver assessment process in the applicant's file. The assessment process may include interviews with individuals familiar with the applicant's business history.

WVARR Certification Process

The certification process includes key steps that guide progress toward full compliance. These steps must be completed in the order they appear below:

Step 1: Read and Use This Packet

This Certification Preparation Packet was thoughtfully developed to serve as a comprehensive guide for the certification process. It includes essential tools, templates, and resources necessary to understand requirements, align with best practices, and confidently navigate each step toward certification. Fully reviewing each component of the packet will help applicants with preparation, organization, and alignment with standards and expedite the time it takes to complete the certification process. This packet is more than a checklist—it is a roadmap to quality and accountability. It should be used as a central reference throughout the certification preparation process.

Step 2: Create a Certemy Account

Certemy is the online platform that WVARR uses to manage certification applications. All certification applicants must create a **Certemy account.** Learn more about Certemy **here.** WVARR Certification Reviewers are available to provide guidance and clarification regarding account set-up.

Step 3: Pre-Application and Pre-Application Call

This step is intended to gather essential information critical to the certification process. Please carefully review the **Pre-Application** subsection of the *Documentation and Credential Review* section, located on page 19 of this packet.

Key documents—such as **OHFLAC Certificate of Registration, WVARR Certification and Compliance Agreement (pg 22), Verification of Compliance (pg 21), and Assurances (pg 21)**—are legal documents. It is imperative that the language and terms contained within these documents are fully understood and verified prior to submission.

WVARR's certification process is grounded in the **NARR Standards 3.0** and the **NARR Code of Ethics**. Familiarity with these foundational documents, along with this packet, will help

applicants understand potential requests for revisions and ensure compliance.

All documents in this step must be signed by an individual authorized to enter into formal agreements on behalf of the applicant organization. The information provided will directly inform the Pre-Application Call.

The **WVARR Certification and Compliance Agreement** specifically outlines the requirements set forth in the NARR Standards and Ethical Principles. It also includes provisions related to grievance procedures, incident reporting, and data sharing. **By signing this agreement, the applicant attests that it has read, understood, and is currently operating in compliance with these requirements at the time of application.**

Failure to disclose all recovery residences operated by the applicant organization will result in denial or revocation of certification.

Once all required information has been submitted in Certemy, WVARR staff will review the submission and contact the applicant organization, typically within five (5) business days, to schedule a virtual meeting with key staff and representatives of the applicant organization.

This call gives the applicant the opportunity to meet the certification review team, help the certification review team gain a better understanding of the applicant organization, and address any questions the applicant has about the certification process.

Prior to the meeting, please ensure that all documents outlined in the Pre-Application step have been thoroughly reviewed and that complete, accurate information has been provided.

Please note, Pre-Applications that remain incomplete and/or inactive for 6 months or more will be removed and required to re-start. This will ensure all documentation provided is relevant and up-to-date at the time of the review.

Step 4: Payment of Annual Affiliate & Certification Fees

New applicants will be invoiced after the completion of the Pre-Application call to ensure organizations don't incur unnecessary fees.

Renewal Applicants may be invoiced when they begin the Pre-Application step.

The assigned WVARR certification reviewer will issue an invoice based on the total reported bed capacity across all recovery residences operated by the applicant organization. All fees are **non-refundable** and must be paid **prior** to WVARR staff providing access to the Documentation Review step in Certemy.

Additional fees may be incurred if the bed count at the time of inspection is more than what was

submitted in the Pre-Application. If WVARR staff must re-inspect, an additional re-inspection fee of $50 per residence will be incurred.

WVARR Annual Affiliate Fee: A flat-rate **$500** annual fee is required per organization, regardless of the number of residences. This fee is paid once annually per organization.

WVARR Annual Certification Fee: This fee is **based on the total number of beds** managed by the organization. Refer to the **Bed Count Fee** Table below for specific pricing.

Additional fees will apply for organizations operating in multiple counties or when re-inspections are required to verify necessary changes.

Bed Count Fee
1-12 beds $300.00
13-20 beds $400.00
21-30 beds $500.00
31-40 beds $600.00
41-50 beds $700.00
51-60 beds $800.00
61-70 beds $900.00
71+ beds $1025.00

Multiple County Operation Fee: A **supplemental inspection fee of $50** will be assessed **for each additional county** in which the organization operates beyond the first. This fee accounts for the additional time, travel, and lodging required to inspect residences across multiple counties.

Example: If the organization has 5 residences in a single county with 45 beds total ($700), the total fee would be $1,200. If the organization has 5 residences in two counties with 45 beds total ($700), the total certification fee would be $1,250.

Payments may be made by check or money order. Make checks payable to:

West Virginia Alliance of Recovery Residences,
1116 Smith St. Charleston, WV 25301

Applicants may also pay electronically upon request via Quick Books invoice, but will be responsible for any associated fee incurred. Click here to see current Quick Books fee rates.

Step 5: Documentation & Policy Review

Preparation for this phase of the certification process will likely be the most time-intensive, but adequate preparation prior to application will expedite completion. WVARR staff is available to support applicants in becoming certification-ready prior to beginning this step; however, applicants should be fully compliant with these requirements at the time of application.

The *Documentation and Policy Review* (p.19) outlines all requirements for each policy and should be used as a checklist. Please use this document as a policy writing guide**.** It will be the most efficient way to create a new policy or modify an existing policy to meet requirements.

After WVARR staff confirms fee payment, applicant organizations will be granted access to the Documentation & Policy Review step in the Certemy platform, which will serve as the formal application. Each recovery residence operated by the organization will be assigned a separate credential that must be completed for review, including any residences that aren't yet open and any graduate or step-down housing that has a ***programmatic*** or ***sobriety*** requirement.

If the applicant is submitting a renewal application for a **two-year certification,** a separate credential will be assigned. See page 16 for more information.

Format: All policy documents **must** be uploaded as Microsoft Word documents. PDFs will not be accepted. Submissions of more than one policy in each upload field (ie: a handbook or policy manual), will **not** be reviewed and will be rejected.

Please note that submitted documents will not be reviewed until **all** requested documents are uploaded into their unique fields, as the platform will notify the reviewer once this section is complete. **When all policies have been submitted in full, please contact the assigned reviewer to ensure everything has been submitted as required.**

The application will include information about both the applicant organization **and** each residence the organization operates. Information required about the applicant organization includes primary service areas, staffing and board structure, marketing materials, insurance coverage, and relationships with behavioral health agencies and toxicology labs. Information required about each residence includes policies, procedures and details about the recovery environment. If the organization operates more than one residence, policies submitted must be residence-specific; policies should be relevant, appropriate, and specific to the target population(s) served by each residence and relevant to the NARR Level of Support provided.

One of the indicators of good policy is language. WVARR recognizes that language and terminology related to Substance Use Disorder (SUD) is ever evolving; however, policy language should be up-to-date, supportive, and stigma-free. See *Language Matters* on page 44 for more information.

Once the completed application is submitted, the WVARR certification team will review all submissions and issue a **Policy Review Report**. This report will include any questions, requests for clarification, or required documentation and/or policy corrections. It will clearly outline all items that do not meet requirements, along with specific guidance on what needs to be revised or (re)submitted. If the initial Policy Review Report has not been received within **30 days**, please contact the Certification Reviewer.

If the certification team has to issue multiple Policy Review Reports, the applicant's certification timeline will be significantly delayed. The best way to prevent delays is to use the *Documentation and Policy Review* section of this packet as a policy checklist to ensure adequate preparation before submitting the application.

This step is considered complete **only after** all required policy changes and supporting documentation have been uploaded into Certemy by the applicant and approved by the Certification Reviewer.

New applicants will have up to 6 months to complete the Documentation and Policy Review step, to include any and all Policy Review Reports and approval of required corrections. New applicants that do not complete this step within 6 months will be required to re-start with the Pre-Application. This is to prevent applications from remaining active for multiple years, as the Certification process is designed to review and assess active and current implementation of certification requirements.

Please note, all renewal applications must be completed in their entirety prior to the expiration date regardless of when a Policy Review Report is issued.

Any good policy evolves and changes as an organization's needs change. If any revisions or updates are made to previously submitted and approved policies, the updated version(s) must be submitted to the assigned Certification Reviewer within **30 days** of implementation.

Please note all documents submitted (approved and rejected) will be stored in the **Digital Wallet** in the applicant's Certemy portal which can be accessed at any time. Once policies are approved, applicants should save them in a digital file within the organization to be made easily accessible to residents and staff, and to be used in the applicant's certification renewal process. This will streamline the renewal process in subsequent years.

For technical support when submitting an application (issues with the website), email **support@certemy.com.** For questions regarding the policy content or the application itself, please contact the assigned Certification Reviewer.

Step 6: On-site Review

An **On-site Review** will be scheduled for **each residence** operated by the applicant organization. To assist with preparation, please utilize the *On-Site Review Preparation Checklist (pg 48)*. Prior to application, all applicants should walk through each residence using these tools as a checklist to ensure full compliance with certification requirements.

Failure to ensure each residence complies with the requirements prior to the On-site Review may result in significant delays, lengthy remediation plans, and additional fees (re-inspection fee).

The On-Site Review, comprising both the physical inspection and corresponding interviews, will be conducted by WVARR's certification review team. There will be a minimum of two WVARR representatives onsite. All available residents, house managers and/or staff that work closely with the residents, and at least one of the organization's leadership staff, should be present, as both staff and resident interviews will be conducted.

During the On-Site Review, be prepared to:

- Have key staff present and available for organization interviews.
- Allow space and privacy for resident interviews.
- Show that the required documents and forms are posted in an easily accessible common area of the residence.
- Show reviewers where documents are kept in each of the residences.
- Show the reviewers the entire property, including all common areas of the residence, attics, basements, and each resident room. Please ensure all areas are accessible; WVARR staff is required to look in all spaces of the residence, even those not in use.
- Demonstrate that written policies and procedures are being implemented in practice;
- Demonstrate that the residence is clean, safe, and home-like.
- Demonstrate that chores are being completed and maintenance requests are addressed.
- Ensure all bedrooms meet space requirements (70 square feet for the first person and 50 square feet for each additional person).
- Demonstrate that the residence has required safety equipment (including working smoke detectors in each sleeping room, carbon monoxide detectors in homes with gas appliances, and fire extinguishers with up-to-date inspection tags).
- Show that there is adequate food storage space for residents, including one full-sized refrigerator per five residents (5:1).
- Show that there is one full bathroom (at least one sink, one shower, and one toilet) for every six residents (6:1).
- Demonstrate that residents have adequate storage space for personal belongings.
- Demonstrate how the physical environment of the residence contributes to a family-like

environment in the home and facilitates the Social Model of Recovery.

The On-Site Review will begin with staff interviews. During the staff interview, designated representatives should be prepared to:

- Describe the organization or residence's program application, orientation process, and how residents are screened to ensure they're the right fit for the services provided and NARR Level of Care.
- Provide copies of any documents that are shared with residents, including an intake packet with updated and accurate policies and procedures.
- Answer questions about programmatic requirements, the services provided, and how residents are connected to outside recovery and community resources.
- Answer questions about how policies are being implemented in practice
- Show that the required documents and forms are posted in an easily accessible common area of the residence.
- Explain how resident payments are recorded and explain how residents may access a statement of account or get a receipt of their payments.
- Demonstrate how the physical environment of the residence contributes to a family-like environment in the home and facilitates the social model of recovery.

Changes or modifications to policies based on information gathered during the On-Site Review may be required, especially if there are discrepancies between submitted policy and demonstrated practice.

Following the staff interviews, the WVARR team will split up to conduct: (1) the physical inspection of the residence, and (2) resident interviews/ evaluation of the recovery environment.

While WVARR reviewers are **not** licensed fire, building, or sanitation code inspectors, each residence is expected to be in full compliance with all applicable local, state, and federal laws and codes, as affirmed in the WVARR **Assurances** document.

WVARR Certification Reviewers will conduct a thorough evaluation of each residence, examining both the physical property and the program's recovery environment to ensure compliance with the NARR Quality Standards 3.0.

Certification Reviewers will ensure that all relevant and required topic areas are addressed during staff and resident interviews and will verify that all documentation, including policies and procedures, accurately reflects the current operations of each residence. This comprehensive assessment helps ensure that each organization is maintaining a consistent, quality-driven recovery environment that aligns with certification requirements.

Please be advised that WVARR staff will not provide feedback or status updates during the On-Site Review. All findings, including any items that require correction or follow-up, will be outlined in the next step of the process.

Step 7: Quality Improvement Plan

Following the onsite review, WVARR will issue a **Quality Improvement Plan (QIP)**. Every applicant will receive a QIP. If a QIP has not been received within **15 days** of the On-Site Review, please contact the designated Certification Reviewer.

The QIP addresses all four Domains of the NARR Standards, NARR Ethical Principles, WVARR requirements, and feedback from staff and resident interviews. It outlines any required changes or quality improvements needed for the applicant to achieve full compliance with NARR and WVARR certification requirements.

First-time applicants, any applicant organization that has been revoked and is applying for reinstatement, and any applicant organization that has been denied and is submitting a new application must submit a QIP response to the designated certification reviewer **within 30 days of receipt.** If the QIP response is not submitted within the required timeframe, WVARR will make a certification determination based on the information available.

There is no time limit for QIP responses for renewal applications; however, all processes, including an approved QIP response, must be completed by the certification expiration date.

Acceptable responses to Quality Improvement Plans include:

1. Completion of the required quality improvement activities, accompanied by appropriate documentation demonstrating that the improvements have been implemented.
2. Completion of all quality improvement activities that are achievable within the organization's current capacity, along with a detailed timeline and plan outlining how any remaining requirements will be addressed.; or,
3. Submission of a written response with corresponding documentation detailing how the organization currently meets the national quality standards without engaging in the specific quality improvement activity.

As with the recovery process, applicant organizations are expected to approach certification with honesty, open-mindedness, and a willingness to improve. These core principles should guide all responses to the Quality Improvement Plan.

The QIP outlines all outstanding requirements necessary for alignment with NARR Standards. For questions or clarification, Certification Reviewers are available to provide support as needed. If an activity listed in the QIP is already in practice, appropriate documentation must be

submitted to verify compliance. Responses that do not include the necessary documentation will not be accepted.

There may be quality improvement items that can not be completed in the 30 day time frame. For these items to be considered addressed, please submit an action plan for each item and include a time frame for completion. If outstanding issues are considered minor and do not include issues that present health and safety concerns, a Provisional Certification may be recommended by the certification team.

In some cases, a follow-up Onsite Review may be required to verify that quality improvement recommendations have been implemented. Any time an organization is required to remove beds from a residence, address health or safety issues, or replace/fix smoke detectors, a second on-site review will be required. If a second review is required, a supplemental inspection fee will be incurred. See page 8 for additional fee schedule.

Step 8: Certification Determination

Once a formal response to the Quality Improvement Plan has been submitted, WVARR staff will evaluate the submitted response within **5 days** to determine if all requirements are met, except in special or unique circumstances which may result in a longer wait for determination. If WVARR receives grievances about the applicant organization before a certification determination is made, the grievance investigation may slow down WVARR's ability to make a certification determination.

Certification determination outcomes include:

1. Recommended for a one-year certification or recertification.
2. Recommended for a two-year recertification (see p.16).
3. Provisionally certified under the New Recovery Residence Operator Policy.
4. Provisionally certified, with periodic check-ins.
5. Placed on a certification determination hold.
6. Recommended for denial with eligibility to reapply in a timeframe determined on a case-by-case basis. This time frame will be decided upon and disclosed in the denial correspondence. *If a denial is issued and the organization intends to reapply, it is expected that remedial action be taken during the denial period before re-application.*

If certification is awarded, a **Certificate of Compliance** will be issued for each WVARR-certified residence that the organization operates. Each Certificate of Compliance must be publicly displayed in the corresponding residence to which it applies.

As required by West Virginia Code 69-15, each Certificate of Compliance must include:

- The name of the residence
- The business/ Organization name
- The number of beds certified in that residence
- The specific gender/ population served
- The specific residence address
- The type of certification (initial, renewal, reinstatement)
- The NARR Level of Care
- The duration of certification for that residence
- The date of issue and expiration date of the certification; and
- The certificate number

Certification Renewal

It is strongly recommended that applicants begin the certification renewal process no less than **three (3) months** prior to the certification expiration date to allow sufficient time to complete all required steps. Failure to complete the renewal process before the expiration date will result in a lapse of certification.

Certification Extensions

Each organization may only be granted one 30-day extension, except in extenuating circumstances. An Extension Request Form must be submitted to the assigned Certification Reviewer no less than 30 days prior to the organization's certification expiration date. The Certification Reviewer will send the request to the Executive Director to approve or deny at their discretion. Under no circumstances will an extension be granted for any organizations starting the renewal process less than 30 days prior to expiring.

Please note: *Certification Reviewers will not "expedite" the process for organizations starting their renewal process late; all steps must be fully completed in the order they appear.*

Certification Expiration

If an organization's certification expires, its listing(s) will be removed from the *Certified Residence Directory* on the WVARR website and moved to the *Certification Denial, Revocation, and Expiration* list. WVARR will be required to list the organization's status as "expired" in any reporting to state agencies. Expired organizations will not be eligible to receive state funds or referrals from state-funded agencies.

If an expired organization has an active certification renewal application at the time of expiration, it will have **90 days** to complete all certification requirements within the existing application. If an organization's certification has remained expired for more than 90 days, it will

be required to restart the process and pay all associated fees required of a new application.

Two-Year Certification Eligibility:

Organizations in their fourth year of certification (3rd renewal) that have maintained a record free from significant issues or formal grievances, **and** had no provisions or extensions for two years (past and renewal) may be eligible for a two-year certification.

Eligibility for the two-year certification is based on a demonstrated track record of consistent compliance and operational excellence. If all requirements outlined above are met, the certification team may recommend the organization for a two-year certification at their discretion. No formal request is necessary; this recommendation is based solely on ongoing performance and compliance history.

Please note that if an organization is recommended for a two-year certification, pre-application, fee payment, and onsite review will still be required annually to ensure continued adherence to WVARR Certification Requirements. The Documentation & Credential Review will take place every two years, aligned with the extended certification term.

Following approval of a two-year certification, the renewal credential, which does not require a documentation review but does require an annual onsite review, must be completed on the same renewal schedule as a one-year certification credential.

This policy is designed to recognize consistently high-performing organizations while maintaining accountability and oversight.

Changes to Certified Organization or Residence

If any revisions or updates are made to **previously submitted and approved** policies, the updated versions must be submitted to the assigned certification reviewer **within 30 days of implementation**. Additionally, please notify the certification review team of any changes to applicant point of contact information, population served, bed count, or level of support as soon as possible to ensure continued compliance with certification requirements and accurate display of information about the organization on the WVARR website.

Application Withdrawal

A certification application may be withdrawn anytime prior to the onsite inspection. To withdraw an application, the Certification Application Withdrawal Form must be completed and submitted to the designated certification reviewer. A certification application may not be withdrawn after the On-Site Review.

Application Inactivity

Certification Pre-Applications or Applications that remain inactive for six months or longer will be considered withdrawn and deleted from Certemy. Any applicants with withdrawn applications that wish to re-apply will be required to restart the process with a new credential, including paying any relevant fees.

If a certification application remains inactive for 6 months or longer after the On-Site Review has been completed, a certification determination will be made based on available information.

Suspension and Revocations

If a WVARR-certified organization fails to remain compliant with the NARR Standards and Ethical Principles, a certification suspension or revocation may be issued. The length of the suspension or revocation will be determined on a case-by-case basis, depending on the severity of the infraction(s). In the event of a suspension or revocation, the organization will receive a formal report detailing the findings, identified deficiencies, and the relevant NARR Standards 3.0, NARR Code of Ethics, and applicable West Virginia State guidelines.

An organization whose certification has been suspended may have the opportunity for reinstatement if corrective action can be taken to address issues identified. A certification reinstatement fee of $250 will be applied.

Any organization whose certification has been revoked will be eligible to reapply after the timeframe specified in the Revocation Summary Report. If the organization intends to reapply, it is expected that appropriate remedial actions be taken during the revocation period before reapplying.

Appeals

If an organization believes a suspension, revocation, or denial is unwarranted, the organization may submit an appeal to the WVARR Standards and Ethics Committee within **30 days** of receipt of notice. The response must include a complete response to **all** issues identified in the corresponding report received with the suspension, revocation, or denial notice.

Appeals to the WVARR Standards and Ethics Committee must be sent by mail and **postmarked** within 30 days of receipt of notice. Appeals can be sent to:

WVARR Standards and Ethics Committee
1116 Smith St.
Charleston, WV 25301

For suspensions or revocations, organizations may also utilize the appeal process outlined in the Recovery Residence Certification and Accreditation Program Administrative Rule.

Residence Closure Notice

If a WVARR-certified organization decides to close a certified residence for any reason, the organization must submit a Residence Closure Form to the designated Certification Reviewer at least **30 days prior** to the closure to mitigate any harm to existing residents. Failure to appropriately notify WVARR of closures may result in a certification suspension or revocation.

Documentation & Credential Review

The NARR Quality Standards 3.0 outline specific written policies and procedures that must be implemented by organizations in order to demonstrate adherence to national best practices. All organizations seeking certification are required to submit copies of the listed documents—or their equivalent—for review.

This section serves as a **checklist** to ensure that all required elements are clearly addressed in the submitted policies. If any elements are missing or insufficient, WVARR will request revisions. **Certification cannot proceed until the policy review is fully completed.**

Please be advised that this stage of the process typically requires the greatest time commitment.

Each step in Certemy is addressed in detail within this section. Use this document as a working guide to confirm that all policies align with **NARR Standards 3.0** and **West Virginia state requirements**.

1. Pre-Application

The Pre-Application is the first step in the Certemy platform. During this stage, WVARR will collect information about the organization and documents for review and attestation.

Applicants are required to submit details for all properties operated or advertised as recovery residences, along with verification and attestation of compliance with local, state, and federal regulations and NARR best practices.

It is the applicant's responsibility to ensure compliance with all applicable codes, laws, and regulations prior to applying for certification.

1. Owner / Applicant Organization

This step gathers general information about the owner/ operator of the applicant recovery residence(s), the organization's website, the Executive Director (or equivalent), and—if applicable—the primary point of contact for the certification process. To ensure clear and efficient communication, one designated point of contact must be identified for all certification-related matters.

2. Certification Preparation Packet

This manual provides a step-by-step guide through the WVARR certification process. Each section is designed to help prepare for successful certification by outlining expectations, requirements, and best practices. A signed attestation confirming this manual has been read and understood will be required.

3. NARR Standards 3.0 and Code Of Ethics

It is essential to become familiar with the NARR Standards 3.0 and the NARR Code of Ethics, as the entire certification process is grounded in these principles. An attestation confirming that these materials have been read and understood will be required.

4. NARR Ethical Policy Statements Regarding Drug Testing and Inducements

These statements offer guidance on how to safeguard the organization from engaging in, or becoming vulnerable to, unethical or predatory practices within the recovery housing field. An attestation confirming these documents have been read and understood will be required. Read them here.

5. Levels Quiz

Complete the Levels Quiz to gain insight into the potential level of recovery residence being operated. This self-assessment considers factors such as the recovery support services offered, the type of staffing and oversight in place, daily operational practices, and the presence of any clinical programming. While the quiz provides useful guidance, it does not determine the official level of care. WVARR will make the final determination based on a comprehensive review. An attestation will be required to confirm completion of this step.

6. Recovery Residence Preliminary Information

All recovery residences operated by the applicant **must** be fully disclosed in this step. Information including address, county, bed count, and population for each residence (each separate address) operated by the applicant, across all NARR levels of care, will be collected. A signature will be required to verify that all recovery residences operated have been disclosed. Failure to disclose all properties may result in denial or revocation of certification.

7. Office of Health Facility Licensure and Certification (OHFLAC) Registration

All recovery residences operated in West Virginia must be registered with the West Virginia Office of Health Facilities and Licensure (OHFLAC) in accordance with WV Code §§16-59-1, et seq. prior to becoming WVARR-certified. Click here for more information on OHFLAC registration requirements or contact oigohflacrecoveryresidence@wv.gov.

8. Verification of Compliance

If the applicant operates recovery residences in a county or municipality that requires a Verification of Compliance, the following process must be completed. **Please note, the Verification of Compliance process can be time-consuming and should be started well in advance of submitting a certification application.** Please review the following details carefully:

In accordance with West Virginia Code §16-59-2 pertaining to the certification of recovery residences, counties and municipalities may require a Verification of Compliance with applicable local building, maximum occupancy, fire safety, and sanitation codes.

If a county or municipality chooses to require a Verification of Compliance with applicable local building, maximum occupancy, fire safety, and sanitation codes, that county or municipality must submit formal notice to WVARR's executive director in writing, to include the ordinance, effective date, and the process(es) by which recovery residence operators must comply.

In accordance with Section (d) of West Virginia Code §16-59-2 , any application of requirements for Verification of Compliance by counties and municipalities must comply with the Fair Housing Act, 42 U.S.C. § 3601 et seq. and the Americans with Disabilities Act of 2008, 42 U.S.C. § 12101 et seq.

If a recovery residence is located within a county or municipality that requires a Verification of Compliance, the WVARR Verification of Compliance Form must be completed for each county

or municipality in which the residence or organization operates that requires a Verification of Compliance and submitted as part of the WVARR certification application.

Applicants should send the Verification of Compliance Form to the applicable county or municipality via certified mail to ensure there is a verifiable record of the request.

The completed Verification of Compliance Form must be completed, signed by the applicable county or municipality, and submitted in Certemy in order to move on to the next step.

Please review the WVARR Verification of Compliance Policy for more information.

9. Assurances

Next, the WVARR Assurances document must be reviewed, signed, and uploaded into Certemy. This document clarifies that WVARR is reviewing the recovery home environment operated by the applicant organization. **It is the applicant's responsibility to maintain compliance with all relevant laws and applicable codes of each county or municipality of operation.** It is also the applicant's responsibility to maintain appropriate liability insurance for each property included in the application.

Submitting the signed Assurances document attests that the applicant has contacted the appropriate authorities, completed all required inspections, is properly registered with OHFLAC, and complies with all applicable business, fiscal, and reporting policies, requirements, and laws.

The Assurances document can be reviewed on page 55 of this packet.

Submitting the Assurances document before ensuring compliance or providing false attestation may result in denial or revocation of certification.

10. Certification and Compliance Agreement

The WVARR Certification and Compliance Agreement outlines the requirements established within the NARR Standard Domains and the NARR Core Principles, including provisions related to grievances, incident reporting, and data sharing. The signature on this document attests that the applicant has read, understands, and operates in full compliance with these requirements at the time of application.

The signature line must be completed by an individual authorized to enter into formal agreements on behalf of the applicant organization.

It is essential that the Certification and Compliance Agreement be thoroughly reviewed and understood prior to submission.

11. Pre-Application Call

After submission of all required information in Certemy and completion of the preceding steps, WVARR staff will review the professional profile and contact the organization, typically within 5 business days, to schedule a virtual meeting with key staff members. This call provides an opportunity to meet the certification review team and discuss any questions regarding the certification process. Following the call, access to the next step in Certemy will be granted.

If applicants miss the scheduled Pre-Application Call three times without contacting WVARR staff, the applicant will not be able to reschedule for 90 days.

2. Organizational Overview

This section gathers information about the applicant organization as a whole to gain a clear understanding of its scope and operations. Organizations vary in size and focus—some are multi-faceted, while others are geared toward a single purpose. Regardless of scale, the work being done is important. This overview provides insight into the organization's overall structure and mission.

1. Organization Information

This step collects general information about the applicant organization, including its official name, any DBAs (doing business as) associated with it, the non-profit or for-profit status, and the Employer Identification Number (EIN). Additionally, it verifies that the mission and vision statements align with NARR Standards 3.0. The founding date of the organization is also requested.

2. Primary Service Areas

This step gathers information about the primary service areas and the length of time these services have been provided. Understanding all components of the organization helps provide a comprehensive picture of the support available to residents. Services are expected to vary among different NARR Levels of Care.

If the organization offers programming or services beyond housing—such as peer support, life skills training, healthcare and wellness services, faith-based or religious services, or similar—an overview of these additional services should be provided.

We will ask for a brief high-level overview of your program structure, including the phases or stages residents move through, the terminology used in your policies to describe supports, and the approximate length of time associated with each phase.

3. Memorandums of Understanding and Intraorganization Disclosures

This section captures information about any Peer Recovery Support Specialist (PRSS), clinical, or toxicology services provided by the organization or through formal partnerships. Include details about all service arrangements, including any providers who deliver services on-site at the residence or off-site through affiliated programs.

Please read the NARR Ethical Policies Regarding Inducements, NARR Ethical Policy for Drug Testing, and the WV Code §9-7-5.

For organizations that provide or have arrangements to provide Peer Recovery Support Specialist (PRSS) services, familiarity with Chapter 504 for Substance Use Disorder Services section 504.15.1 is recommended.

If the applicant organization has committed partnerships with specific agencies to provide peer support, clinical, or toxicology services to residents (on or off-site), a **Memorandum of Understanding (MOU)** or contract must be submitted.

The MOU must include:

☐ A description of the relationship and expectations of each party.
☐ Confirmation that resident freedom of choice is maintained.
☐ A clear statement disclosing whether a financial relationship exists between the parties. If there is no financial relationship, this must be explicitly stated.
☐ A detailed explanation of any staffing relationships, such as the provision of PRSS or other staff by the partner agency.
☐ Define how service quality will be monitored and who provides supervision, especially for PRSS roles.
☐ Disclosure of whether contracted services are provided by a branch of the applicant organization or closely affiliated party.
☐ Identify any potential conflicts of interest between leadership, staff, or board members of the applicant organization and the partnering agency.
☐ Specify the effective dates, termination clauses, and renewal terms of the agreement.
☐ Explain how incidents or grievances involving partner-provided services will be reported and managed.
☐ Describe how residents access services, including referral procedures and voluntary participation expectations.
☐ Clarify responsibilities for billing, payments, and reimbursements, and how residents are informed of any costs

☐ Define procedures for discontinuing services to ensure continuity of care for residents.
☐ Confirm adherence to the NARR Code of Ethics, relevant professional licensing standards, and state PRSS guidelines.

Please be prepared to address the following and provide any corresponding documentation:

- Indicate whether the organization owns or operates licensed behavioral health care (LBHC) services in the State of West Virginia, or is currently pursuing LBHC licensure.
- If yes, attach the organization's OHFLAC license.
- Indicate if the organization maintains a professional relationship, arrangement, or contract with an LBHC that provides peer support, clinical services, or staffing either on-site or off-site.
- If residents are assessed for or mandated to receive peer support or clinical services and provide a description of the process by which staff refers residents to the service.
- Describe how clinical services are integrated into daily operations.
- Upload the corresponding Memorandum of Understanding (MOU).
- Identify if any staff member, board member, volunteer, or other designated representative of the applicant organization is affiliated with an agency that provides contracted clinical or PRSS services to the organization’s residents.
- Indicate if the organization maintains a professional relationship, arrangement, or with a toxicology laboratory that provides staff, testing, sample collection, and/or analysis.
- Describe how toxicology services are integrated into daily operations.
- Upload the corresponding Memorandum of Understanding (MOU).
- Identify if any staff member, board member, volunteer, staff, or designated representative of the applicant organization is affiliated with an organization that provides toxicology services to the organization's residents.

4. Accounting Systems

In this step, the organization is asked to explain how financial records are managed. Please provide a detailed explanation of the accounting system used to maintain all resident-related financial records, including fees, payments, and deposits. Additionally, describe the procedures in place to produce clear and timely statements of each resident’s financial records, ensure the accurate recording of all resident charges and payments, and document any payments made on a resident’s behalf by third-party payers. This information should reflect sound financial practices and transparent recordkeeping that aligns with ethical standards and accountability.

5. Ethics

In this step, provide an overview of the ethical principles that guide the applicant organization's operations.

NARR Code of Ethics

Please ensure that ***all*** staff and volunteers, including the organization's Board of Directors, read and sign this document. Upload the signed copies into Certemy. This document must be included with any onboarding of new staff or board members.

Organization Code of Conduct

The organization must maintain a Code of Conduct that aligns with the NARR Code of Ethics, applicable to all staff, volunteers, and board members that have interaction with or oversight of residents. All applicable personnel must review and sign the Organization's Code of Conduct during their onboarding process.

Code of Conduct must address the following**:**

- ☐ Modeling Recovery and Pro-Social Behaviors
- ☐ Treating Residents with Dignity and Respect
- ☐ Prohibition of Sexual or Romantic Relationships
- ☐ Boundaries in Personal Relationships
- ☐ Boundaries in friending, following, and posting on social media platforms (media policy)
- ☐ Harassment and Threats
- ☐ Borrowing or Lending Money or Items
- ☐ Personal Finances of Residents
- ☐ Staff Privacy Policies
- ☐ Reporting of Inappropriate Relationships (Staff/ Residents)
- ☐ Professionalism
- ☐ Continuing Education
- ☐ Conflict Resolution
- ☐ Compliance with Policies and Regulations
- ☐ NARR Code of Ethics

Incident Reporting Policy and Procedure

Incident reporting is essential for informing quality improvement efforts. All incident reports submitted will be reviewed and addressed by WVARR in a timely manner. Organizations will have the opportunity to discuss any further action needed for resolution, if required. It is important to note that while many incidents may already be resolved by the time the report is submitted, they are still required to be reported to ensure accountability, transparency, and

continuous quality improvement. Please review the *Incident Reporting Policy* and *Incident Reporting Form* (p. 56-60).

6. Staffing

Organizations must have clearly defined policies that guide and inform employees about their roles, responsibilities, and the operational structure. This step will collect information about the size and structure of the organization, including staffing levels, organizational chart(s), supervisory structures, and how roles are defined and documented. Additionally, this section will assess whether policies provide sufficient guidance to support staff in carrying out their duties in alignment with the Level of Support provided.

Staffing Plan

All **Level II, III, and IV** residences are required to have written staffing plans that provide information on how they will be appropriately staffed to provide services and support at the residence, including:

- ☐ An organizational chart that includes all employed or contracted staff involved in running the recovery residence
- ☐ How staff are supervised/ to whom they report
- ☐ What the organization will do if a staff member is out or a position is vacant
- ☐ If an organization uses staff from an MOU, parent organization, or DBA to staff the recovery residence the staffing arrangement must be documented and incorporated in this staffing plan

Staff Job Descriptions

All Level II, III, IV organizations are required to have job descriptions for the staff working in the residence. Job Descriptions must contain the following:

- ☐ Position title
- ☐ Who the person reports to
- ☐ Job duties
- ☐ Required credentials
- ☐ Staff training or development specific to the level of support/ population served
- ☐ Training and resources made available to ensure staff are knowledgeable about the Social Model of Recovery and recovery housing best practices
- ☐ Staff are required to link residents to community-based resources, including directories of any relevant services, mutual aid meetings, and community events
- ☐ Staff ensure that residents are encouraged to sustain relationships both within the residence and the broader recovery community
- ☐ Staff are encouraged to practice self care and prioritize their own recovery, if applicable.

Confidentiality Policy

The Confidentiality Policy must outline how staff members and volunteers are expected to maintain the privacy and confidentiality of resident information. This policy must describe the procedures in place to protect personal, medical, and recovery-related data and ensure compliance with relevant state and federal privacy laws, This must include:

- ☐ Where resident files are kept
- ☐ When such information might be released (reference to the Release of Information)
- ☐ Must explicitly state that files are reasonably safe guarded and locked away
- ☐ A reference to the Media Policy, which outlines how the organization might use a photo, video, or other related information about the resident for any marketing or promotional purposes
- ☐ A statement on expectations of staff regarding social media referencing Media Policy

Staff Background Check

A written policy must be in place that outlines background check policy and procedures, including:

- ☐ Who must complete background checks
- ☐ How and when background checks are administered
- ☐ Any exclusions or variances when hiring
- ☐ How relevant documentation and records are maintained

7. Website, (Social) Media and Marketing Acknowledgement

Organizations are responsible for maintaining accurate and up-to-date information on their websites, social media platforms, and all other public-facing materials. All digital and print content must accurately represent the services provided by the organization. Recovery residences must not be advertised as, or described, using language that implies clinical or behavioral health services are provided by the residence, unless those services are provided by licensed professionals in accordance with all applicable laws. Additionally, all language used must be recovery-supportive and non-stigmatizing. Applicants are expected to review all materials regularly to ensure compliance with this requirement. Please see the *Language Matters* document on p.44 .

3. Recovery Residence Location Information

This credential is used to collect detailed information and documentation for each individual recovery residence operated by the organization. If multiple residences are operated by the applicant organization, a Certemy credential will be assigned to each residence (e.g., “Recovery Residence 2,” “Recovery Residence 3,” etc.). If the applicant organization operates residences with different NARR Levels of Care, policies must be submitted that reflect the specific practices, supports, and services provided at each location.

Each Recovery Residence credential will include collection of the following policies:

1. Location Information

This step will collect information on residence specific information, including: Name of residence, physical address, level of care, demographic served, director name and contact, rental or home ownership information, and insurance coverage. Please note that if the property is a rental, a lease agreement must be provided and the owner must give written permission to use the property as a recovery residence.

Certificate of Liability Insurance:

- ☐ A $1,000,000 (minimum) liability policy is required.
- ☐ This certificate should indicate that there is a recovery program operated within the dwelling. (NARR 1.A.2.b.)
- ☐ Every residence operated by the applicant must be listed on the Certificate of Insurance
- ☐ WVARR must be named as an "additional insured"(NARR 1.A.2.b.)

The following must be posted in a common area and/or in plain sight at each residence:

- ☐ Residence Emergency contact information.
- ☐ Narcan and Overdose Procedure - must be posted on every floor with the Narcan.
- ☐ Grievance Policy and forms - Grievance forms should not be placed in a location that staff closely monitor to prevent the perception of intimidation.
- ☐ Maintenance request forms.
- ☐ Disclosure of audio/video recording in the residence, if applicable.

Please note: Audio and video recording must be disclosed to residents, can only take place in common areas of the residence, and should be conducted in a manner that respects residents' privacy and dignity.

2. Recovery Environment Questions

This section gathers information that demonstrates the support offered in each location. It includes questions regarding how residents are evaluated prior to entry, the average length of stay in the program, how the residence is kept illicit drug- and alcohol-free, what recovery planning looks like within the program, and the types of recovery support services provided to residents. These responses help WVARR understand how the residence fosters a supportive and structured recovery environment.

3. Resident Application

Certified recovery residences must maintain a residence application and/or resident evaluation

that collects basic information. Assessing residents to ensure appropriate fit for the Level of Support and services provided is paramount. For step-down residences or lower levels of support within a larger continuum of care offered by the applicant organization that would not require an additional resident application (residents are required to complete Phase 1 in order to move into the Phase 2 residence), this will need to be indicated in a separate document and uploaded into the attachment field.

A brief outline of any program-specific requirements should be disclosed either within, or supplemental to, the resident application, to include Level of Support, clinical requirements, faith-based and/or mutual aid requirements, fees, program length, work requirements or limitations, and any other relevant information to ensure the residents are fully informed at the time of application. *Inclusion of the Resident Agreement with the Resident Application could meet this requirement.**

This application is required to contain:

- ☐ Basic Resident Information (name, previous name, phone number, etc.)
- ☐ Sex and gender
- ☐ Emergency Contact information
- ☐ Basic Questions to determine if the resident will be an appropriate fit for the residence.

Examples: When was the last time they were in clinical treatment and for how long? How long has the resident been in recovery? Do they have a sponsor? What is their employment history?

- ☐ Disclosure of criminal justice involvement
- ☐ List of current symptoms and medications

_OR_

- ☐ A statement to reflect that the residence is a step-down residence or lower level of care and does not require an additional resident application.

4. Release of Information

A Release of Information (ROI) must be signed for each resident's Emergency Contact, health care entity, Probation or Parole Officer, lawyer, CPS Case Worker, etc. who will be receiving regular resident progress reports. Residents are never to sign blank releases.

5. Statement of Resident Rights

Resident Rights are required to be given to each resident moving into the residence. This document must be clear and easy to understand. Upon receipt, residents must sign and date confirming they have received. The applicant must maintain the signed copies in each resident's

file. Resident Rights must also be posted in a common area at each residence. Organizations may also include the statement of Resident Rights in a handbook or other collection of policies. This policy is required by WV Code 69-CSR-15. Resident Rights, at minimum, should include:

- ☐ Right to be treated with dignity and respect
- ☐ Right to Fair Housing, referencing the federal Fair Housing Act and/or ADA
- ☐ Right to vote in public elections
- ☐ Right to access healthcare of their choice
- ☐ Right to manage their own personal finances
- ☐ Right to a statement of a financial account and to receive receipts
- ☐ Rights pertaining to mail access
- ☐ Rights pertaining to visitors
- ☐ Rights pertaining to phone usage
- ☐ Rights pertaining to resident's personal property
- ☐ Right to file a grievance internally, in accordance the residence's policy
- ☐ Right to file a grievance externally, with WVARR or other designated authority
- ☐ Must be signed by the resident

6. House Rules / Code of Conduct

Applicants are required to maintain a list of House Rules for residents. It is best practice to use person-centered language. See *"Language Matters"* guidance on p.44. To learn more about applying the Social Model of Recovery in House Rules, please see *Social Model of Recovery Implementation* located on p. 45.. **A copy of expectations must be provided to the resident upon move in and a copy must be kept in a common area of the residence**. At minimum, House Rules or Code of Conduct must indicate the illicit drug and alcohol free nature of the program, as well as any other rules/expectations that are applicable to that location. This document must be signed and dated by the resident.

7. Resident Financial Agreement

This document must be signed and dated by the resident upon move-in. It is pertinent that the residents have a thorough understanding of their financial obligations. The Financial Agreement must address each of the following:

- ☐ Who the resident pays (i.e. the organization and title of person to be paid)
- ☐ What kind of payments are accepted and how they are paid (i.e. money order, payment processing systems, check mailed to the office, given to director, dropped in lockbox, etc)

DEPOSITS

- ☐ Clearly states that no deposits are required;

☐ **OR** the amount of deposit, the due date of the deposit, and if deposit is returned and timing of the return

FEES

☐ Information on weekly or monthly fees

☐ Amount of fees or how fees will be calculated (if there is a sliding scale fee)

☐ Clearly states when fees are due;

☐ **OR** clearly states that residents will not be paying fees and for how long they will be permitted to not pay fees

THIRD PARTY PAYERS

☐ The resident stay is completely self-pay;

☐ **OR** clearly states that the resident is informed of the third-party payer, **AND** how long they may be able to get funding, **AND** if and how they can transition to self-pay if they are no longer eligible for funding.

OTHER FEES

☐ Information about any other fees that the resident is expected to pay such as utilities, household supplies, food costs etc.

☐ This includes mention of EBT/SNAP Information if applicable.

☐ Signed and dated by resident

8. Refund Policy

There is no explicit requirement for issuing refunds; however, it is strongly suggested that refunds are issued on accounts that are paid in advance. If, for any reason, the resident transitions to an alternate recovery residence, it is best practice that any funds paid in advance be transferred over to the new residence and applied to that account. This policy must clearly state:

☐ No refunds are offered

OR,

☐ Refunds are offered and

☐ Under what circumstances refunds are issued

☐ How the resident can request a refund from the organization

☐ The time frame in which they will receive their refund

☐ Signed and dated by resident

9. Personal Property Policy

It is best practice to allow residents an adequate amount of time to collect their personal items when moving out. There can be many reasons a resident moves out, including but not limited to:

successful completion, moving to another program, or recurrence of use. No matter the circumstance, the individual and their personal belongings must be treated with respect and dignity.

This policy must cover:

☐ What will happen to any resident belongings that are left in the home after the resident has vacated and the timeframe they have to pick up their belongings from the property

☐ Outlines an appropriate procedure for any scenario where staff may hold on to items of an individual's personal property and for how long. This should also include a personal property form for those instances (if applicable).

☐ How personal property must be stored while at the program

☐ Signed and dated by resident

10. Search Policy and Procedure

Room and belonging searches are common in recovery residences, and can help ensure an illicit drug and alcohol free environment. Search policies and procedures should clearly indicate:

☐ When searches take place (randomly or upon suspicion)

☐ Who does the searches

☐ Who must be present during the search

☐ What procedure is followed during the searches

☐ What happens to contraband if it is retrieved

☐ Must indicate that resident property will be treated with dignity and respect

☐ No strip searches will be conducted; policies should not reference strip searches

☐ If the policy states that residents, themselves, may/will be searched, outline the procedure in which those searches are conducted

☐ Signed and dated by the resident

A list of prohibited items is required; it does not need to be exhaustive but should be clear. Some residents may be new to recovery housing and unfamiliar with typical expectations, so clarity is important. Commonly prohibited items include kratom, energy drinks, alcohol-based products like mouthwash and hand sanitizers, aerosol products, weapons, pornographic materials, drug paraphernalia, and any other items considered to be contraband or inappropriate for a safe and sober living environment.

11. Drug Testing Policy and Procedure

Recovery residences are required to maintain a written policy outlining any drug testing protocols. Best practices recommend conducting drug tests at random a minimum of twice per month, as well as any time there is probable cause to suspect substance use. Please read NARR Ethical Policies Regarding Drug Testing. Drug testing policies and procedures should include:

☐ The frequency and conditions under which tests are administered, i.e. that tests are weekly, twice a week, or random

☐ The procedure in which the specimen is collected

☐ A statement that notifies residents about how the drug tests are paid for and if there are any circumstances where residents may be required to pay for the test

☐ The consequences for positive drug screens and/or refused drug screens, and what happens if residents cannot produce a sample at the time requested.

☐ How a UDS can be contested (we suggest that it be sent to a lab)

☐ Signed and dated by resident

Residences should maintain trauma-informed screening practices to ensure dignity, respect, and safety during the testing process.

12. Recovery Management Plan

Formerly referred to as the "Relapse Policy," the terminology has been updated to align with language that promotes person-centered and strengths-based approaches. Collaborating with residents to develop a Recovery Management Plan is essential to support a self-directed recovery journey. Establishing this contingency plan at the beginning of the program helps ensure that expectations are clear and mutually understood.

Immediate dismissal from the program without a warm handoff can be extremely harmful and is inconsistent with the principles of the social model of recovery. While each residence may have non-negotiable guidelines that must be upheld, the Recovery Management Plan should reflect a commitment to supportive re-engagement and continuity of care whenever possible.

Residents shall not be dismissed without a warm handoff and coordinated transportation whenever possible. Recovery residence organizations are required to maintain documentation demonstrating attempts to provide warm handoffs and coordinated transportation were made for all dismissed residents.

The Recovery Management Plan policy and procedure should include:

☐ Information on how a recurrence of use is handled. If it is on a case-by-case basis this must be clearly stated.

☐ The steps to be taken in the event of a recurrence of use

☐ Criteria for continued stay, increased support, or transition

☐ If the resident's bed will be held while they are in SUD treatment and the terms of this arrangement.

☐ Must indicate that every effort will be made to make a warm hand-off to a safe environment. Residents that are not an immediate danger should never be "streeted." This

might include a higher level of care (Detox, emergency room, treatment) or other WVARR-certified residence.

☐ Signed and dated by the resident

13. WVARR Grievance Policy and Form

All residents must maintain the ability to file a grievance, both internally within the residence, and externally with WVARR. Conflict resolution skills are an essential part of recovery. All residences must maintain policies and procedures for how residents can file grievances both internally and externally, without retribution.

If the resident does not feel their grievance has been addressed fairly or appropriately, they must maintain the right to file a grievance with WVARR. A standardized form has been provided and must be made publicly available within the residence for residents to file grievances with WVARR. WVARR will review and address all submitted grievances. Operators will be notified of grievances, when possible, and will be given the opportunity to respond and provide a plan for resolution. The standardized template can be found on pages 61-62 of this packet.

No resident may experience retaliation for filing a grievance, internally or externally. The grievance procedure is mandatory and required in accordance with WV Code 69-CSR-15.

14. Good Neighbor Policy

All organizations must maintain a written policy outlining procedures for addressing neighbor or community concerns. Residents are to be informed of this policy upon move-in to ensure awareness and promote positive community relations.

☐ The name and contact information of someone representing the residence that neighbors can contact if they have a concern

☐ How the recovery residence informs neighbors of this contact person

☐ Any additional information or requirements to ensure the recovery residence is a good neighbor, as appropriate for the specific residence

☐ This policy should address the following, and any other relevant issues:

- ☐ Smoking
- ☐ Use of Profanity
- ☐ Loitering
- ☐ Parking issues
- ☐ Noise
- ☐ Maintenance and cleanliness of property

15. Naloxone Policy

A template is provided on p.63 for use in developing the Naloxone Policy. Naloxone (Narcan) must be stored on every floor of the residence and be readily accessible for immediate use by anyone in case of an emergency. The policy should be specific to the residence and clearly identify the exact locations where Naloxone is kept and how to use it to ensure quick and easy access when needed.

16. Overdose Procedure

Please note that this document, found on p.64, must be posted by every box of Naloxone.

17. Service Contract/Resident Agreement

This document should provide a summary of resident expectations, outline the services provided, and clearly state what the resident can expect from the program. Residences must maintain signed Resident Agreements for all residents, which should be kept in their files. Please note all information contained in this agreement must be communicated to the applicant before being accepted into the program.

This document must also contain the following:

☐ Clearly states the alcohol and illicit drug free nature of the housing

☐ What the resident can expect the recovery residence to provide (a safe, healthy home like environment for growth, family functional equivalent)

☐ The recovery support services offered in house

Information about non-financial resident expectations, including:

☐ A reference to expectations in the House Rules or Code of Conduct (this is a separate document)

☐ Community service or volunteerism requirements

☐ Work requirements or limitations

☐ Recommended length of stay

☐ Program requirements such as house meetings, mutual aid meetings, clinical services (must not restrict resident freedom of choice), faith-based requirements, or any other required activities that are expected of the resident

☐ Information on visiting hours, phone access, mail access, etc. (indicate if phones are payphones)

☐ Information on how the operator or the resident may end the resident agreement

☐ **May not** contain statements that request a resident waive housing, landlord tenant, civil, or other rights

☐ Does not require residents to make donations or participate in required fundraising activities in exchange for housing

☐ States that the organization participates in the West Virginia Alliance of Recovery Residences (WVARR) certification process, reflecting a commitment to best practice standards and ethical principles. As part of this process, WVARR and its authorized representatives may receive identifying resident information to verify compliance.

☐ Must be signed and dated by the resident

18. Confidentiality Policy

A written policy must be in place that informs residents how their personal information will be protected and kept private and confidential at all times.

☐ Where the residents files are kept

☐ When such information might be released (reference the Release of Information)

☐ Must explicitly state that files are reasonably safeguarded and locked away

☐ A reference to Media Policy and Release form for any resident to sign in case the organization would take a photo or video of the resident for marketing or promotional purposes.

☐ State that medications, communicable disease, or other resident health conditions will be kept confidential

☐ Any other measures that the organization takes to protect resident confidentiality

☐ Signed and dated by resident

19. Medication Policies

All organizations must have a written medication policy that provides residents with clear information and instructions on how medications—prescription and non-prescription—are handled within the residence. Policies and procedures must be appropriate to the level of care provided by the residence and must reflect practices that promote safety, prevent misuse or diversion, and respect residents' rights.

Prescription Medication

☐ Clearly state any prescription medications the residence is not capable of supporting.

☐ Outline how all prescription medications are stored securely to prevent misuse or diversion. Your storage protocol must reflect if there are any distinctions between controlled substances and non-controlled substances.

☐ Describe how and when residents can access their medications.

☐ Indicate whether medications must be checked in upon arrival or documented in a logbook, and specify who is responsible for this process.

☐ Policies must not contain any language indicating that the residence dispenses medication, unless the medication is dispensed by an individual with the appropriate credentials

in accordance with West Virginia state law.

Non-Prescription Medication

☐ How non-prescription medications are to be stored, accessed, and monitored.

☐ Guidelines for safe and appropriate storage of OTC medications.

☐ Instructions on how residents may obtain or use OTC medications.

☐ A list of over-the-counter medications that are not allowed due to the residence's inability to support their use. Examples: Delta 8, Kratom, CBD, caffeine pills, certain cough medicines

☐ **Safe Drug List**: A brief list of common OTC medications residents may take **without prior approval**, such as remedies for headache, heartburn, or nausea. This list should be concise and clearly labeled as **non-exhaustive**.

☐ **OR**,

☐ If no otc medications may be taken without consulting the residence, this must be explicitly stated in the policy

☐ Information on the otc medication approval process.

Medication Assisted Treatment (MAT) (MOUD)

Ensure staff and residents are familiar with the Know Your Rights Brochure**.** Please read the Helping Recovery Residences Support People with Medication-Assisted Recovery**.**

☐ Clearly state that the residence is not capable of supporting people on FDA-approved MOUD medications.

-OR-

☐ States what FDA- Approved MOUD medications the residence can support

☐ Outline how prescription medications are stored to prevent misuse or diversion.

☐ Describe how and when residents can access their medications.

☐ Indicate whether medications must be checked in upon arrival or documented in a logbook, and specify who is responsible for this process.

☐ Note any programmatic expectations residents must fulfill to remain compliant with MAT provider requirements (e.g., urine screenings, MAT appointments).

☐ Policies must not contain any language indicating that the residence dispenses medication, unless the medication is dispensed by an individual with the appropriate credentials in accordance with West Virginia state law.

20. Emergency Policy

Organizations are required to have written policies and procedures relating to emergency circumstances, including but not limited to **natural disasters**, **fires**, and **medical emergencies**. This policy must be **posted in a common area** of the residence where all residents can easily see

and access it.

☐ State that residents must call 911 for any medical emergencies.

☐ Residents must maintain phone access for calling emergency services when necessary and must be made aware of how to do so.

☐ What residents should do in case of an emergency; please include the location residents are expected to meet. This policy should be mindful of natural disasters relevant to the region and location of the residence.

☐ Phone Numbers for whom residents should contact in case of an emergency. *Please have these hanging on the wall in plain sight of a common area.*

☐ Plan for ensuring that all safety equipment is in good working order and the residence is free of safety hazards (Ex: Up-to-date inspections of fire extinguishers).

☐ Information on documented regular fire drills (required for Levels II, III, IV).

21. Communicable Disease Policy

Organizations are required to implement and maintain a Communicable Disease Policy to protect the health and safety of all residents and staff. This policy must be clearly communicated to residents and include the following components:

☐ Non-Discrimination and Confidentiality: The policy must state that the organization maintains non-discriminatory practices and upholds strict confidentiality regarding residents with communicable diseases.

☐ Resident Education on Preventive Behaviors: Residents must be informed about behaviors that help reduce the risk of spreading infectious diseases, (example: handwashing, not sharing personal items such as razors or make up).

☐ Encouragement of Precautionary Measures: Residents should be encouraged to take reasonable precautions to prevent the spread of illness. The organization should foster a culture of wellness and accountability by promoting health conscious behavior.

☐ Provision of Basic Safety Supplies: Residences must provide basic supplies needed to support infectious disease precautions, including but not limited to, first aid kit with gloves, hand soap, and cleaning supplies. Residents must be informed of their access to supplies.

☐ Outbreak Protocol: In the event of a local or widespread communicable disease or virus outbreak, the organization must have a clearly defined protocol that:

- ☐ Follows CDC and Local Health Department Guidelines
- ☐ If/when masking might be required
- ☐ Whether vaccines are required (must be disclosed prior to admission)
- ☐ Quarantine procedure for positive cases
- ☐ Signed and dated by resident

22. EBT/SNAP Documentation

To ensure that residents' SNAP/EBT state benefit cards are managed in full compliance with applicable federal and state regulations, applicant organizations are required to obtain proper authorization from both the West Virginia Department of Human Services (WV DHS) and the United States Department of Agriculture (USDA) before handling or accessing residents' EBT/SNAP benefits.

This process involves acquiring and using an authorized Point of Sale (POS) machine to withdraw funds directly from residents' benefit cards. All withdrawn funds must be deposited into a designated account in accordance with regulatory guidelines.

For more information regarding the authorization process or equipment requirements, please see page 51 or contact the assigned Certification Reviewer.

EBT/SNAP Policy

If your organization uses residents' EBT/SNAP benefits, your policies must:

- ☐ Describe why the organization will be using residents EBT cards- in writing.
- ☐ Explain what meals are being provided by the residents' benefits.
  - ☐ State three meals plus snacks and drinks will be provided if the full benefit is used and the resident can not use their cards.
- ☐ State the timing of when funds are taken off of the card. At a minimum:
  - ☐ If 100% of a resident's meals will be consumed at the residence, up to 50% of the monthly deposit will be taken off the card on the 1st of the month and the (up to) other 50% will not be taken off the card until the 16th or the month (FDA requirement)
- ☐ State cards will be returned the day of move-out (before leaving the building)
- ☐ Explicitly state: if a resident leaves the program, funds will not be taken off the card after that day and time that they moved out
- ☐ State any dependent's benefits are to be maintained on a separate card if the dependent is residing at a separate location. Dependents must be removed from the card before the residence uses funds from that account.

Letter of support from the WV DHHR:

☐ Please upload the Letter of Support that was issued to the organization by the West Virginia Department of Human Services (WV DHS). This letter is required as part of the application to the United States Department of Agriculture (USDA) and must affirm that the organization is furthering the goals of Title XIX.

OR

☐ OHFLAC Licensure (not registration) (if applicable)

USDA SNAP Permit

This permit is issued by the USDA after the application has been approved. The State of West Virginia will assist with the acquisition of a Point of Sale (POS) Machine.

23. Paid Work Agreements

The purpose of a Paid Work Agreement is to establish clear guidelines for any work arrangement in which a resident performs labor for the applicant organization or any affiliated organization, or any business owned or operated by the organization, the organization's owners, employees, family members, or associates. A Paid Work Agreement and job description is **required** in all situations where the resident performs labor that directly or indirectly benefits the organization, and/or, in which residents receive compensation, a program fee discount, or any other form of benefit in return for that labor. This agreement must state:

☐ Residents are not permitted to work for or be employed by the recovery housing operator or associated entities,

☐ **OR**

☐ The Paid Work Agreement is entered into voluntarily.

☐ Resident work is not a condition for their stay at the residence.

☐ All residents have equal opportunity to participate in such employment.

☐ Work will be paid at a fair market rate (at least minimum wage) and in compliance with all employment laws.

☐ Work will not interfere with the resident's recovery goals/ program participation.

☐ Work will not infer special benefits on the resident, other than fair payment.

☐ How unsatisfactory work relationships are ended by the resident and organization without recriminations that can impair recovery.

☐ Signed and dated by the resident.

If you have any Paid Work positions that are regularly offered to residents, we will ask for samples of the agreement that are to include job descriptions and hours worked.

Note about Volunteerism

Volunteerism is an important component of many recovery-based organizations. Volunteerism may be required, but the volunteer activities must not have a negative impact on a person's recovery and may not be the sustainability model for your organization (these activities would fall under paid work requirements).

Applicant organizations are responsible for ensuring that any Paid Work Agreements comply with local, state, and federal labor, tax, and employment laws, including those pertaining to fair market rate and minimum wage .

Learn to recognize labor trafficking by visiting the Polaris Project website.

24. Media Policy

This policy is specifically designed to inform residents about how the organization will use any media (social or otherwise):

☐ If residents are allowed/ not allowed to use social media for any amount of time.

☐ Expectations for how residents should conduct themselves in relation to media/ social media.

☐ Explain how residents should approach posting: photos of one another, names of other residents, or group photos via their personal media.

☐ How the organization will manage resident confidentiality in context to media (social or otherwise) with a mention of the Media Release Form for resident consent.

☐ Signed and dated by the resident.

25. Media Release Form

A Media Release Form must be provided to residents upon intake. Residents should be informed of their sole responsibility to remove themselves from group photos taken on behalf of the residence. This form must contain the following elements:

☐ Must have an option to deny or confirm use of likeness, pictures, story etc.

☐ Must include resident signature consent for media use.

26. Sex Offender Registry Policy

Applicant organizations must have a policy that states that residents and staff are required to comply with all West Virginia Sex Offender Registry requirements and maintain relevant supporting documentation. WVARR may request proof or verification of compliance. This document must contain:

☐ A statement that the residence is not capable of supporting individuals that are required to register.

☐ The process in which you confirm that potential residents aren't required to register (this could be as simple as a registry search).

-OR-

☐ A statement outlining how the organization **verifies** and **documents** that all residents comply with West Virginia Sex Offender Registry requirements.

27. Weekly Schedule of Activities

To provide a clear understanding of the structure and level of support offered to residents, a weekly schedule of activities must be submitted. This schedule should reflect:

☐ Daily routines

☐ Structured programming and house meetings

☐ Chores, curfews and quiet hours
☐ Formal recovery-oriented events, and activities
☐ Free time or unstructured periods
☐ Formal Life Skills development activities and trainings (Life Skills are required for Level III or IV and are recommended for Level II)

28. Exit Procedure

The exit policy should describe different ways in which a resident might leave the program. This might include program completion, exit planning and the items you encourage/require your resident have before moving out, exits due to persistent program noncompliance, immediate threats, a resident choosing to leave the program on their own accord, or otherwise.

☐ What residents can expect in an exit plan
☐ How residents items are packed
☐ How residents are informed they need to move out
☐ Clearly state the timeframe a resident is given to move out once an exit has been initiated; include successful completion, non-compliance related, immediate threat related exits.
☐ Exit procedures must include a best-effort to provide a warm handoff to another WVARR certified program or appropriate level of care.
☐ A reference to the Recovery Management Plan.
☐ Must be signed and dated by the resident.

Resource Documents

Language Matters

One of the indicators of good policy is language. With the language of addiction recovery ever changing it is easy to overlook outdated language. WVARR staff ensure that the most up to date language in policies are reflective of recovery housing and non- stigmatizing. Examine your policy thoroughly and make any changes before you submit it.

Treatment -VS- Recovery Housing

For so long treatment has dominated the landscape and naturally treatment language has been the standard. There has been a paradigm shift towards long-term disease management , health reform has begun to favor a more integrated, holistic care approach for people with substance use disorder. With this shift, language that is reflective of recovery housing has been developed. Some of the following are examples of the most commonly misused terms

Terms reflective of clinical treatment	Terms reflective of recovery housing
client, patient, consumer	Resident, participant
intake	move- in, onboarding
discharge	move - out, asked to leave, exit, dismissed
treatment plan	recovery plan
insurance required	no insurance needed
prohibited (medications)	incapable of supporting
treating deficiencies	strength based
clinician	peer, person with lived experience

Stigmatizing Language

The words we use to describe substance use disorder, people using drugs, and people in recovery have the potential to cause a significantly detrimental impact in a number of ways, such as access to housing and recovery outcomes. The language we use can and will promote stigma in the communities you are a part of. Most of our recovery housing operators are people in recovery. The way the recovery community identifies inside the safe space of mutual aid meetings is a habit that is developed. We must be aware of how self-talk is presented in the community and in written policy. Some common examples are:

clean/dirty	substance abuse	reformed addict
abuse	addict	addicted baby
drug abuser	alcoholic	habit
junkie	drunk	dealer
relapse	former addict	user

Punitive Language -vs- Social Model Language

As we move to a new age in recovery housing, studies find that punitive measures do not prevent addiction or old behaviors (example: Nixon's War on Drugs). The social model of recovery promotes learning opportunities instead of punitive measures. If a person is afraid to tell the truth about an issue, naturally they are going to be dishonest. Here are some examples taken from Tennessee Alliance of Recovery Residences language guide:

Old: Item X is a restricted Item.
New: I commit that I will not be in possession of item X .

Old: Weekly community meetings are **mandatory**.
New: I agree to attend all weekly meetings.

Old: If you violate the rules, you may be **discharged**.
New: I have read and understand the standards. If I choose not to adhere to the standards, recommendations will be made for added support or a change in living environment.

Old:We have a **zero-tolerance** policy for **contraband**.
New: We are a living environment that promotes healing and recovery. Safety and respect are important. As a member of this community, I commit that I will not have items with me that do not support recovery. If I am in possession of items X, Y, and Z during my stay here, recommendations can be made for a change in living environment.

Old: There is a **3 Strike** policy after which residents will face consequences or possibly **evicted**.
New: I understand if I am unable to meet the standards, I will accept added support or possibly be asked to make a change in living environment.

Old: Overnight guests are not **allowed**. If you don't abide by this rule you will **face dismissal**.
New: This residence is a community of recovery and respect for others. To support this, I will not have overnight guests.

Old: Residents **must comply** with drug testing on **intake** and randomly throughout their stay. Refusal to take a drug screen will **not be tolerated.**
New: This recovery residence provides random drug screens as a service to all residents. I agree to participate in this service to support my recovery.

Old: Residents are **not permitted** to get tattoos or piercings during their stay here.
New: I agree that I will not make a decision to get a tattoo or piercing.

Old: Residents are **barred** from breaking any of these rules. After the first offense **punitive measures** will be taken.
New: I understand that these standards are in place to support healthy recovery and for the benefit of everyone in the community. As an important member of the community, I will do my part to be a positive person in recovery and support myself and my community in achieving these standards.

Old: We **insist** that clients do not pay their rent after the 5th of each month.
New: As a responsible resident, I agree to pay my program fees before the 5th of each month.

Words that are not Social Model orientated

restricted	consequence	zero tolerance	violate
can not	rule	evict	strike
mandatory	abide	barred	offense
must	comply	intake	contraband
do not	discharge	is not tolerated	we insist
not allowed	dismissal	not permitted	deficient

Social Model Implementation

The phrase "Social Model of Recovery" is mentioned many times throughout the NARR standards as the evidence-based best practice that forms the foundation of a NARR certified recovery residence. Peer and resident involvement in decision making creates a sense of resident ownership and connection to house operations that counteracts an "us versus them" mentality dividing residents from staff. We attempt here to simplify the social model concepts that will be most useful to implement within your recovery home.

Creating a social model environment in which peers hold each other accountable to house rules and social norms is the ideal.

1. Persons in leadership positions avoid being overly directive
2. Peers with more experience take leadership roles in helping to guide conversations and decisions. Programs with relatively newer residents and those still in early recovery will need role modeling of this process from senior residents or peer staff.
3. When an individual is noncompliant with the rules, there is a discussion with them about the purposes of rules and policies that links them to household functioning and principles of recovery. We do not suggest no-tolerance or zero tolerance policies for rule-breaking, especially if the behavior does not affect the health or safety of the other residents in the home. Many deviant behaviors are common in early recovery from Substance Use Disorder. We suggest a progressive disciplinary policy be in place for these situations.
4. Examples of behaviors that are opportunities to apply the social model:
    - 4.1.1. Lying
    - 4.1.2. Stealing
    - 4.1.3. Gambling
    - 4.1.4. Lateness or tardiness
    - 4.1.5. Cursing
    - 4.1.6. Threats of violence or bullying, name-calling
    - 4.1.7. General non-compliance or bad attitude
    - 4.1.8. Personal hygiene issues, such as refusing to brush teeth or shower
5. Aberrant behaviors should be discussed on a case-by-case basis, especially those that could harm

the resident or other residents. These situations require immediate attention from leadership, up to and including making a referral to another facility or making other arrangements for the resident to move-out, within a specified timeframe. Two of the most important decisions for any recovery residence are when to admit a person as a new resident and when a resident should be asked to leave due to noncompliance.

6. Examples of behaviors that do affect health and safety of others:
    - 6.1.1. Alcohol or Drug use, especially on property
    - 6.1.2. Violence
    - 6.1.3. Sexual contact with another resident or staff person

"It is important to facilitate a house-wide perspective that the emergence of conflict is expected and an ordinary part of life. The task in developing a recovery lifestyle is to manage conflict in healthy ways that enhance or at least do not undermine recovery. To the extent that residents are able to resolve conflicts and apply 12-step or other recovery principles to them, the household will function more efficiently and the quality of the house in terms of a source for recovery will be stronger. In addition, learning conflict management skills helps residents and staff learn valuable life skills that will help them outside the house as they manage their recovery across their lifespan."

Guidance and wording from:

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

Maximizing Social Model Principles in Residential Recovery Settings

Douglas Polcin, Amy Mericle, Jason Howell, Dave Sheridan, Jeff Christensen

On-Site Review Preparation Checklist

This checklist is a helpful starting point for preparing for a physical property inspection. It is designed to guide operators through key items and conditions to review ahead of time, helping ensure the property is organized, compliant, and inspection-ready. While it may not cover every possible scenario, this checklist provides a solid foundation to identify and address common issues before the on-site review, making the inspection process smoother and more efficient.

Health Review

Every place in the home/site must be in good repair, clean, well maintained, and free of pest infestation. Piles of newspapers, clothes or other stored materials could create a fire hazard. Below are the principal items for you to look for:

- ☐ Any signs of roach or other pest infestation problems
- ☐ Kitchen and appliances clean and well maintained?

☐ Is there at least 1 refrigerator for every 5 residents?
☐ Is adequate and clean food storage space provided?
☐ Are any piles of newspapers, clothes, or other materials creating a fire or safety hazard?
☐ Are bathrooms clean and orderly?
☐ Do six (6) or fewer residents share a full bathroom? A full bathroom includes a sink, shower, and toilet.
☐ Are the furniture and furnishings clean and of reasonable quality?
☐ Do all sleeping rooms provide all residents with adequate space to store their belongings?

Safety Review

☐ Are there smoke detectors on each level, hallway, all sleeping rooms, and outside of the kitchen? (on the ceiling or within 2 feet of the ceiling)
☐ Is there a fire extinguisher 6 to 8 feet from the stove and 4 to 6 feet from the floor and on each level?
☐ Are carbon monoxide detectors installed in appropriate places within 3 feet from the floor (if you have gas appliances or gas heat)?
☐ Are there at least two properly identified exits in case of emergencies?
☐ Is the property address on the front of the house clearly visible from the street?
☐ Are the home/site address, emergency and utility phone numbers posted in a central location?
☐ Is smoking prohibited in areas that could be considered a fire hazard or a problem for neighbors?
☐ Do smoking areas have approved safety disposal containers for smoking materials?
☐ Are there any electric outlets or extension cords that could be considered a fire hazard?
☐ Is Narcan easily located and available on all floors of the residence?
☐ Do the residence and any other permanent structures meet local building and safety codes? (Indicate management verification or visual appearance as observed by the inspector.)
☐ Are the house/site and grounds well kept, and consistent with the quality of the neighborhood?

Management and Documents

☐ Does the house/resident leader have the basic skills to manage this residence?
☐ Is there a clear and concise description of the operation of the residence?
☐ Are there clear acceptance criteria for all applicants?
☐ Is there an Intake Packet and Resident Agreement signed by each resident?
☐ Do the House Rules cover key issues? Are the most recent policies and procedures available in a public space?
☐ Do the residents have a significant role in the daily functioning of the home?

☐ Is the recovery residence Grievance Policy with the WVARR contact information posted in a location where residents can see and read it and submit a grievance if necessary?

☐ Does management provide daily recovery programming at this recovery residence?

☐ Does the residence have liability coverage (minimum of $1,000,000) with WVARR as an additional insured?

☐ Have all management and house leaders signed the NARR Code of Ethics?

Exterior Space (NARR 18.A, 14A)

☐ There is no interior furniture being used as outdoor furniture

☐ Residents are parking their cars in permitted areas

☐ Property is smoke-free or there is a designated space for smoking outside

☐ The yard is free from garbage and other debris

☐ Entrances/ exits are in good condition and safe. Residents are not locked in/locked out.

Furniture (NARR 15, 14.B, 14.A)

☐ There is no interior furniture being used as outdoor furniture

☐ Residents are parking their cars in permitted areas

☐ Property is smoke-free or there is a designated space for smoking outside

☐ The yard is free from garbage and other debris

Cleanliness (NARR 14.A)

☐ House chores appear to be followed (examples include the following)

☐ Common areas are free from excessive clutter, dust and dirt

☐ Bathrooms are regularly cleaned and free from mildew

☐ Food is stored in designated areas, food waste is disposed of appropriately

☐ Dishes are clean and stored appropriately

☐ Interior paint is well maintained (walls are free from large holes and stains)

☐ Carpet, rugs and other flooring is in good condition (free from stains, excessive wear)

☐ House has adequate cleaning supplies for frequent cleaning of high touch surfaces

☐ Each sink has supplies appropriate for handwashing (soap, clean towels)

Safety (NARR 19.D, 17.C, 14.i, 14.A)

☐ Any external building (such as sheds and garages) are in good repair

☐ There are no overloaded electrical outlets

☐ Extension cords are used appropriately (example: not being used to bring electricity from one room to another or running over a common walking space)

☐ The pathway out of the house in case of emergency is either obvious, or there are evacuation maps and exit signs posted (All Levels must post signs and maps)

☐ Overdose Procedure is posted and Naloxone is kept in the house easily seen and available to the residents on every floor

☐ There is nothing obstructing a resident from evacuating the building in case of an emergency (such as windows that have been sealed shut, exterior doors that require a key to exit)

☐ All cooking appliances are stored appropriately

☐ Light switches, electrical outlets, vents, etc. have appropriate covers

☐ Ceilings are in good condition with no leaks, holes or other signs of disrepair

☐ There are no loose or missing tiles in the bathrooms

☐ Flooring is in good condition and free from trip hazards (examples: torn or loose carpet, no missing floorboards, no missing transition strips, etc.)

☐ House has hot water, heat in the winter and AC in the summer, and all electrical systems working

Living Room/Common Spaces **(NARR 22.a, 19.A, 15, 14.A, 7.A)**

☐ Residents are able to use the common areas when they would like for informal activities and daily living

☐ There is a space to accommodate house meetings with all residents present

☐ Space is able to be used and appropriate for entertainment and informal activities

☐ Resident handbook/binder or postings are in a common space. Resource directories are also in common space

Kitchen and Dining **(NARR 15, 14.G, 14.A)**

☐ Each resident has dry food storage space, cabinets are utilized

☐ There is at least one refrigerator for every five residents

☐ Appliances are in good condition and work appropriately

☐ Residents may use kitchens to prepare meals and snacks when they want

☐ If there are gas appliances, there is a carbon monoxide detector in the kitchen

☐ A recently inspected fire extinguisher is in plain sight or in a clearly marked locationAny external building (such as sheds and garages) are in good repair

☐ Residents store food in kitchen and dining areas, as opposed to in individual rooms

Bathroom **(NARR 14.E, 14.A)**

☐ There is at least one sink, shower, and toilet per six residents
☐ Bathroom fixtures are in good working condition and are clean
☐ No razors or personal hygiene items stored in shared showers
☐ Underneath sinks are clear of unnecessary clutter

Laundry **(NARR 14.h, 14.A)**

☐ A washer and dryer are provided for resident use
☐ If a dryer is provided it is vented outside
OR
☐ Residents are able to access a local laundromat (laundromat is affordable and transportation is available)

Sleeping Rooms **(NARR 14.F, 14.D, 14.A)**

☐ Square foot requirement: at least 70 square feet for first resident and 50 square feet for each additional resident.
☐ Each bedroom must have a smoke detector and a Fire Egress (for rooms on first and second floor). There must be a window that opens large enough for a firefighter to get in or someone to get out. For rooms in the basement or third floor, refer to a certificate of occupancy from the Fire Marshal.
☐ Each person has a bed.
☐ Each person has adequate storage space for personal belongings.

Be advised, the Dwelling Inspection CheckList used by WVARR reviewers can be made available upon request.

Use of Resident EBT/SNAP Benefits

The primary purpose of this document is to provide recovery housing operators with guidance for ensuring your residence is following the appropriate processes for utilizing resident SNAP/EBT cards.

The first step in the process is to obtain the proper documentation and authorizations.

1. The residence or organization must maintain & follow a policy related to the use of resident SNAP benefits. The key elements that must be included in this policy to meet WVARR certification requirements. SNAP policies must illustrate why this practice is appropriate for the level of care provided and demonstrate the organization's ability to properly implement all USDA and WV DHHR requirements.

2. The residence or organization must request a letter of support from the WV DHHR. This letter must state that the residence is an organization that serves people with substance use disorders and is furthering the cause of Title XIX. This letter will be required for the next step of the process. To obtain a letter of support, you may contact:

   Ashli Cottrell
   WV Bureau of Behavioral Health
   ashli.b.cottrell@wv.gov

4. The residence or organization must obtain approval from the USDA to accept the SNAP benefits. You can apply on the USDA website at https://www.fns.usda.gov/snap/apply-to-accept. The application must explicitly state that the organization/residence serves people with substance use disorder. When the application gets approved, you will receive a correlating FNS Certification Number that you will use in the next step in this process.

6. The organization must apply for a point of sale machine from the state using the FNS Certification Number provided in the previous step. If the residence or organization currently has an existing point of sale (POS) machine, it ***may*** be capable of accepting funds from the cards. If your residence or organization does not currently have a point of sale (POS) machine, one will be issued to you. For questions and applications related to the POS machines, you may contact:

   Jacquine Hoppe, Director, WV Office of EBT
   jacquelyn.p.hoppe@wv.gov.

USDA, and WV DHHR Requirements

To ensure that residents' SNAP/EBT state benefit cards are being handled in accordance with federal and state guidelines, the following items must be included in your internal policy:

1. The USDA maintains criteria for all authorized card holders. If the residence or organization is responsible for and utilizes the total amount of funds on resident EBT cards, the residence or organization must provide **3** meals a day *and* have snacks and drinks available to residents throughout the day.

2. If the residence or organization holds resident EBT cards, the residence or organization must be listed as an authorized card holder *and* the WV DHHR policy must name the residence or organization as a Group Living Facility (GLF). This requires each resident to call the DHHR and add the residence or organization (GLF) as their authorized card holder. If a resident is in the process of, or has not yet applied for SNAP, the residence or organization can be added as the authorized card holder in their initial application.

3. As the authorized card holder, the residence or organization is accepting all responsibility and liability associated with the benefit. Therefore, the following WV DHHR procedures must be followed:
    - When a resident leaves, the residence or organization must use the SNAP Change Reporting Form to inform the DHHR that the resident has left the facility. You must also indicate the resident's new address (if available), *and* that the residence or organization is no longer an authorized representative for that person.
    - The residence or organization must provide residents with a SNAP Change Reporting Form once they become aware of the resident's intent to leave *and* advise the resident to return the form to the DHHR within **10 days**.
    - If the residence or organization maintains possession of resident EBT cards, they must return the resident's EBT card within **5 days** of departure from the facility. If, for any reason, the residence or organization is unable to return the card to the residence, then the card must be returned to the DHHR **by the end of the month** the resident departs.
    - The residence or organization must refund a prorated amount of the household's monthly allotment back to the resident's EBT account based on the number of days in the month that the resident resided at the facility.
    - If the facility is authorized as a SNAP retailer and has POS equipment, then the center must process a refund to the resident's EBT card within 5 business days.
    - If the facility either (1) has an aggregate EBT card, or (2) uses individual cards as an authorized representative, the DHHR must be notified so that the DHHR can transfer the prorated portion of the resident's monthly allotment from a bank account owned by the residence or organization to the resident''s EBT account.
    - The residence or organization will be assigned a customer service manager (CSM) at your local DHHR office. This will be your point of contact and to whom you will be reporting monthly. The residence or organization must provide the DHHR with a monthly list of all participating residents. The residence or organization is subject to periodic on-site visits made by State Office personnel.

Required Forms & Templates

The following documents are required for use in each WVARR-certified residence:

1. WVARR Assurances, p.56-57
2. WVARR Incident Reporting & Incident Reporting Form, p. 58-61
3. Grievance Policy & Procedure, p.62-63
4. WVARR Naloxone Policy, p. 64
5. WVARR Overdose Procedure, p. 65

The following are templates, available for use and adaptation:

1. Freedom of Choice Form, p.66

Assurances

This document is a tool. Any templates, tools, or other materials and documents are provided for informational purposes only and are not a substitute for professional or legal advice. It is intended to be a general guide and may not cover all legal requirements or considerations relevant to your specific situation.

❏ The applicant organization is a legally recognized entity within the state of West Virginia and meets all legal expectations of such entities: reporting, maintaining records, providing financial data, etc.
❏ The applicant organization has a Federal Tax Identification Number, an Employee Identification Number (EIN) that is recognized by the Internal Revenue Service (IRS) of the United States Government.
❏ The applicant organization has incorporation documents from the state of West Virginia.
❏ The applicant organization affirms that it has conducted appropriate due diligence to ensure full compliance with all relevant federal, state, and local laws and ordinances.
❏ The applicant organization confirms that all addresses and locations operated by the applicant organization as recovery residences have been disclosed to WVARR.
❏ The applicant organization maintains compliance with OHFLACs registration and reporting requirements.
❏The applicant organization ensures residences maintain compliance with all federal, state, and local laws and ordinances, and building codes appropriate for the type of occupancy.
❏ The applicant organization has confirmed with the appropriate authorities that: 1) a Verification of Compliance process has not been adopted for the county or municipality the residence(s) are located; or 2) the applicant organization is currently in compliance with all Verification of Compliance requirements, as required by the county or municipality the residence(s) are located.
❏ Where required, the applicant organization's residences are inspected regularly by official fire inspectors and meet all applicable fire safety requirements, including maintaining documentation of fire extinguisher inspections and records of fire drills where required.
❏ The applicant organizations residences have electrical, mechanical, and structural components that are functioning and free from fire and safety hazards.
❏ The applicant organizations residences meet the expectations of all legally authorized inspection agencies (elevators, automated security systems, etc.), and documentation can produced in support of such assertions upon request.

❏ The applicant organization maintains an accounting system and annual budget adequate for effective program management and meeting mandated reporting requirements.
❏ The applicant organization maintains appropriate record keeping systems for employees and residents, including any legally required criminal background checks.
❏ The applicant organization assures that minutes from The Board of Directors Meetings are accurately documented and kept on file (if applicable).
❏ The applicant organization maintains appropriate homeowners or renters and general liability insurance as appropriate for the operation of recovery residences, which indicate that the building(s) covered are operated as recovery residences, and list WVARR as an "additional insured."
❏ The applicant organization has policies and procedures that comply with applicable confidentiality laws.
❏ The applicant organization understands the information provided in The "Patient Brokering Act" (§16-62-1 et seq.) and NARR's Ethical Policies Regarding Inducements.
❏ The applicant organization certifies that WVARR will be immediately informed of any civil or criminal complaints, charges, or investigations by any federal, state, or local governing entity that pertain to the organization, Board of Directors, leadership, or staff associated with the entity that is either pursuing or maintains WVARR certification.

By signing below, the undersigned, acting in an authorized capacity on behalf of the organization, hereby certifies and affirms that due diligence has been exercised to ensure compliance with all mentioned applicable local, state, and federal laws, regulations, and codes, including but not limited to building and life safety standards.

The undersigned further acknowledges understanding of the Assurances and attests to having the legal authority to execute this document on behalf of the organization.

_____
Legal Name of Entity Seeking Certification

_____
Signature

_____
Print Name

_____
Role in the Organization

_____
Date

WVARR Incident Reporting Policy and Procedure

All WVARR- certified residences and organizations are required to report all major incidents. **A major incident is defined as**:

- Any emergency or urgent situation that has a significant impact which demands a response beyond routine incident management.

A major incident also includes, but is not limited to:

- Any owner, staff, or volunteer of the organization violating the signed Code of Ethics.
- Any owner, staff, or volunteer of the organization whose actions either directly or indirectly affect a participant or resident.

If a major incident occurs, it is the responsibility of the WVARR-certified residence or organization to report the major incident **within 5 calendar days** of the incident using the designated WVARR Incident Reporting Form. The incident form and summary of the incident will be sent to the designated Certification Reviewer. WVARR will keep record of all major incidents and maintain a file of each major incident reported from each certified residence or organization.

If a major incident is **not** reported by a certified residence or organization, or if the timing and/ or nature of unreported incidents are deemed out of the ordinary, the following procedure will occur:

- WVARR staff will investigate the incident
- WVARR will require a written explanation from the certified residence or organization about their failure to report the incident.
- If a WVARR-certified residence or organization is found to be negligent or at fault after an investigation into a nonreported incident, these findings will be reported to the WVARR Standards and Ethics Committee for review and consideration of sanctions.

Sanctions for Nonreported Incidents:

- The residence or organization will receive a written warning from WVARR.
- The residence or organization will be placed on a 30-day probationary period. The owner or director will be required to participate in weekly check-ins with WVARR staff to ensure no further incidents occur.

- The WVARR Standards and Ethics Committee may consider possible suspension or revocation of the residence or organization's certification status for a period of time deemed appropriate by the Committee.

WVARR Incident Reporting Guidance

WVARR requires operators to report serious or unusual incidents that fall outside the scope of normal daily recovery home operations or pose a risk to resident health, safety, or security. Do not report minor, routine, or expected events (e.g., curfew violations, routine discharges, minor verbal disagreements, or missed chores). Further explanations of required reporting on incidents are listed below:

☐ **Resident Death**
☐ **Homicide**
☐ **Overdose or Suspected Overdose**
☐ **Abuse, Neglect, or Exploitation** – Allegations or occurrences involving residents or staff
☐ **Serious Verbal Threats or Aggressive Behavior** – Threats of violence or intimidation resulting in injury or first responder intervention.
☐ **Self-Harm or Suicide Attempt** – Any act or serious intent to self-injure.
☐ **Physical Assault or Violence** – Allegations or occurrences between residents, staff, or visitors.
☐ **Sexual Misconduct or Assault** – Allegations or occurrences of sexual misconduct, including harassment.
☐ **Major Property Damage or Vandalism** – Major damage impacting safety or operations.
☐ **Medication Diversion or Misuse** – Error, theft, or misuse of medication that resulted in serious harm.
☐ **Hazardous Materials or Environmental Hazard** – Chemical spill, fire, gas leak, or similar.
☐ **Bomb or Violence Threat** – Any threat or occurrence, to include unauthorized weapons on premises
☐ **Staff Legal/Criminal Charges -** Any situation in which a staff member, contractor, or volunteer is involved in criminal or civil legal proceedings that may impact the safety, integrity, or operation of the recovery residence.
☐ **Other Safety/Security Concern:** _____

West Virginia Alliance of Recovery Residences

CONFIDENTIAL INCIDENT REPORT

Notice: *When completing this document, the person who witnessed the incident or was involved in the incident is to complete Sections I-V of this report. Any additional individuals who witnessed or were involved in the incident should complete the Additional Witness Account Section.*

Section I. Identifying Information

Reporting Party Name:

Date of Incident:

Time of Incident:

Address of Incident:

Section II. Type of Incident

Check All That Apply:

☐ **Resident Death**
☐ **Abuse/ Neglect/ Exploitation**
☐ **Overdose or Suspected Overdose**
☐ **Serious Verbal Threats or Aggressive Behavior**
☐ **Self-Harm or Suicide Attempt**
☐ **Physical Assault or Violence**
☐ **Sexual Misconduct or Assault**
☐ **Major Property Damage or Vandalism**
☐ **Medication Diversion or Misuse**
☐ **Hazardous Material Exposure or Environmental Hazard**
☐ **Bomb or Violence Threat**
☐ **Staff legal / criminal involvement**
☐ **Other Safety/Security Concern:** _____

Section III. Level of Severity:

☐ Critical/Immediate ☐ Serious ☐ Not Serious

☐Incident Report Only ☐Attention Required

Section IV. Individuals Involved

(Add more rows as needed)

First Name	Last Name	Participant	Witness

Section V. Description of Incident

Give Detailed Account – (Who, What, When, Where, Why, How) Review and Signature of Staff Member(s) Completing Sections I-V

Print Name	Signature	Position	Date	Time

Section VI. Investigation, Action, Follow Up

A. Findings from Investigation of Incident

B. Recommendations and Actions

C. Follow-Up

SectionVII. Additional Witness Account of Incident

(Please make as many copies as needed to ensure that all witnesses provide their account of the incident.)

Identifying Information

Reporting Party Name:

_____

□ Staff Member ☐Resident ☐Other

Description of Incident

Give Detailed Account – (Who, What, When, Where, Why, How) – Add pages if necessary

Review and Signature of Witness Completing Addendum:

Print Name	Signature	Position	Date	Time

Grievance Policy Template

As a participant of _____, you have rights and responsibilities. You are responsible for abiding by the rules of the program, and _____is responsible for providing you with a safe and supportive illicit drug and alcohol-free recovery environment for you to grow and find a new way of life. If_____at any time is not living up to our end of the agreement, you have the right to hold us accountable.

Recovery Residence Grievance Policy

To file a grievance at ____*(Residence Name)*___the following steps will be followed:

Residents shall be informed of Resident Rights and responsibilities during intake, have knowledge of the grievance system, be assured that they could file a grievance at any time, and be knowledgeable of where the notice of grievance is located and where the forms are. They should be offered help filing a grievance if needed.

• Residents are encouraged to discuss any problems in a resident panel or community meeting. If this method of talking out the issue is not sufficient, the resident will address the complaint with the House Manager, Resident Leader or Director. The resident and House Manager will try to find a resolution.

• If the resident is not satisfied with the results of this meeting, the resident has the right to file a formal written complaint. They have the right to ask for help from any staff member. This will be filed with _____ *(Admin staff)* and an appointment will be made within 72 hours. After this discussion with staff, the decisions made at this point will be submitted to the resident in writing within 48 hours. The resident will be sent a written notice of the grievance outcome and steps for appealing the outcome.

• In the instance where the decision maker is the subject of a grievance, decision making authority shall be delegated to _____ *(insert responsible party's name/position/ information to contact Board of Directors, etc.)*.

• The resident has the right to contact, make a complaint and/or appeal the internal residence grievance determination by submitting a formal grievance to the **West Virginia Alliance of Recovery Residences**, the organization responsible for certification of recovery residences in WV:

WVARR 1116 Smith St #414 Charleston, WV 25301
(304) 989-0792
info@wvarr.org
https://wvarr.org/file-a-complaint/

No one shall face retribution or retaliation for filing a complaint.

Resident Signature _____Date _____ Witness

Signature _____ Date _____

Grievance Procedure Form

Residents shall be informed of their rights and responsibilities during intake, have knowledge of the grievance system, be assured that they could file grievances at any time, and be knowledgeable of where the notice of grievance is located and where the grievance forms are. They should be offered help to fill out this form if needed.

Grievance or Complaint:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Outcome from speaking with House Manager or recovery program staff:

_____
_____
_____
_____
_____
_____

This form will be reviewed and returned within **72 hours**.

In the instance where the decision maker is the subject of a grievance, decision making authority shall be delegated to _____ *(insert responsible party's name/position/ information to contact Board of Directors, etc.).*

The resident has the right to contact, make a complaint and/or appeal the internal residence grievance determination by submitting a formal grievance to the **West Virginia Alliance of Recovery Residences**, the organization responsible for certification of recovery residences in WV:

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(304) 989-0792
info@wvarr.org
https://wvarr.org/file-a-complaint/

No one shall face retribution or retaliation for filing a complaint.

Resident Signature _____ Date _____

Witness Signature _____ Date_____

WVARR NALOXONE POLICY

WVARR requires that naloxone be kept in every building operated by each WVARR certified organization, including _____.

WVARR requires that every floor of each certified dwelling have naloxone kept within sight and available to the residents living there. Access to naloxone will never be denied to a resident of a WVARR certified home. There are many ways to obtain additional naloxone. WVARR staff are trained to train the staff of your residence on proper naloxone use and, if necessary, can obtain naloxone. WV has a standing order for naloxone at every pharmacy; the cost is $0-5 per dose for Medicaid recipients, and it is available again every 30 days. If the naloxone is used within that 30-day window, all you need to do to get another one sooner than the 30-day mark is report to the pharmacy that it was used.

WVARR requires that this naloxone policy and overdose procedure be used in your organization. During resident intake or orientation, each new resident of a WVARR certified recovery residence will be trained on proper procedure.

We sincerely hope that the naloxone will be available should a medical emergency occur and that lives may be saved by implementing this policy.

You cannot recover if you are dead. Everyone deserves a chance to recover.

OVERDOSE PROCEDURE

STEP 1: Call for help (Call 911).

If you find someone unconscious, call 911 **immediately**. Get someone with medical expertise to see the patient as soon as possible, so if no EMS or other trained personnel are on the scene, dial 911 immediately. All you have to say is, "Someone is not breathing." Be sure to give a clear address and/or description of your location.

STEP 2 : Check for signs of an overdose; rub their sternum with your knuckles.

• Face is extremely pale and/or clammy to the touch • Body is limp • Fingernails or lips have a blue or purple cast • Vomiting or making gurgling noises • Cannot be awakened from sleep by a sternum rub with knuckles or is unable to speak • Breathing is very slow or stopped, low is less than 6x/minute	Opioid Over-Medication: • Unusual sleepiness or drowsiness • Mental confusion, slurred speech, intoxicated behavior • Slow or shallow breathing • Slow heartbeat, low blood pressure

STEP 3 : Administer Naloxone immediately.

Most patients respond by returning to spontaneous breathing, with minimal withdrawal symptoms. The response generally occurs within 3 to 5 minutes of naloxone administration. Rescue breathing should continue while waiting for the naloxone to take effect. Chest compressions if there is no heartbeat. If the person does not revive after **3 minutes** of rescue breathing/CPR, administer another dose of naloxone.

STEP 4 : When EMS arrives, turn control of the situation over to them.

Naloxone will continue to work for **30 to 90 minutes**. After that time, overdose symptoms may return. It is essential to get the person to an emergency department or other source of medical care as quickly as possible, even if they have been revived and seem to feel better

Behavioral Health Services - Freedom of Choice Template

I, _____understand that I may be eligible for many services while at **Recovery Home** including 12 steps meetings, a curriculum, groups, accountability meetings, and outpatient behavioral health substance use disorder, mental health services that accompany the **Recovery Home** recovery program. I have been informed that it is my decision where I receive these services and that **Recovery Home** may have a current operations agreement with a local provider. I understand my recovery is my recovery and it's up to me to apply the **Recovery Home**
curriculum or not, work the 12 Steps or not, it's up to me to attend clinical services or not. It's between my doctor and myself what medical assisted treatment if any I will participate in and **Recovery Home** has no say in this matter. I also agree as it's my choice which provider for clinical services I will receive and where I choose to receive them.

I understand that coming in I was already receiving services from my current primary care physician, master level counselor/therapist, MAT doctor, or any other services that are provided and can continue those services.

Based on the information that has been presented to me, I chose to (check one)

- □ Receive services from:
- □ Receive no services at this time.

I have been provided a choice of other providers in my immediate area. I understand that I may change my provider of choice at any time by notifying **Recovery Home** staff.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Certification Preparation Packet Disclosure and Liability

This document is a tool.

Any templates, tools or other materials and documents are provided for informational purposes only and is not a substitute for professional or legal advice. It is intended to be a general guide and may not cover all legal requirements or considerations relevant to your specific situation.

The use of such Documents and Tools are entirely at your own risk.

Before using or relying on any such document or tool, it is strongly recommended that you consult with a qualified attorney or legal expert to ensure that it is appropriate for your particular needs and complies with all applicable laws and regulations.

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By using the documents and tools, you acknowledge and agree that you have read, understood, and accepted the terms of this disclaimer. If you do not agree with these terms, you should not use the document and/or tools and should seek legal advice from a qualified attorney for your specific needs.

Please note that laws and regulations may vary by jurisdiction, and the document and tools provided may not be suitable for all situations. It is your responsibility to ensure compliance with all relevant laws and seek legal counsel as needed.