

ATTESTATION STATEMENT

To: All AzRHA members NOT licensed as a behavioral health facility with ADHS

Re: Update to Policy and Code of Ethics – NARR LEVEL I & II

Effective Date: January 17, 2018

AzRHA and its members are committed to maintaining ethical relationships with the populations we serve and to continually strive to raise the bar in recovery housing. From time to time, AzRHA finds it necessary to publish the organization's position on certain aspects of the ever-changing landscape of recovery housing. One of the cornerstones of AzRHA mission is to define and promote ethics and standards and to set and maintain the standard for quality and safety in recovery housing in Arizona.

Effective January 17, 2018 and in conjunction with our membership in NARR, AzRHA announces the following policy to continue to set and maintain ethical standards in alcohol and drug fee recovery housing:

I, _____, the authorized representative of _____ (legal name of program) its affiliates and subsidiaries attest to the following:

1. I am a sober living operator that operates a sober living program(s) not licensed by Arizona Department of Health Services (ADHS) therefore, I do not bill insurance for urine drug testing or confirmations of any kind for any resident nor is it billed through a 3rd party.
2. I do not receive directly or indirectly payments and/or commissions and/or any trades from any lab company that provides confirmation testing and/or point of care testing, qualitative and/or quantitative for any resident.
3. I am not an employee of any lab company that provides drug testing services of any kind to any resident in our program.
4. I have not signed a marketing agreement or any variation thereof with a 3rd party, nor do I receive a 1099 for drug testing services of any kind for any resident in our program.
5. I do not receive any free urine drug testing supplies for our program.
6. All drug testing policies and fees are clearly outlined in the program's policies and the resident is made aware of the policy prior to admission.
7. All fees are disclosed at the time of admission and is clearly denoted what portion of dollars collected are attributed to drug testing fees and resident fees in the resident agreement.
8. Our program does not promote excessive drug testing of residents and understands that it is not conducive to recovery and can negatively impact the resident's recovery.
9. Our program takes the necessary steps to avoid personal and/or business conflicts of interest, i.e. a conflict of interest arising when a set of circumstances creates a risk that decisions, judgments or actions regarding a primary interest is unduly influenced by a secondary interest i.e. financial gain.

Please note any information that may/may not contradict the above statements. Please be as thorough as possible so that we can better assess your individual program needs. If your Program needs to modify its processes to be in compliance, please indicate the day your Program will be in compliance.

Signature of Authorized Person

Title

Print name

Phone Number

Date

As signatory, I attest that I have the authority to enter into this Statement on behalf of the above-named organization, and that the organization understands that this Statement is binding on all principals, officers, employees and staff members.

SUPPLEMENTAL INFORMATION:

1. List the addresses of the locations disclosed under the legal name above. If there is more than one legal name for your program, please fill out an additional Attestation Statement.

NAME OF PROGRAM	ADDRESS	CITY	ZIP

Please return by January 31, 2018 via fax at 602-926-8024 or via email to michelle@centeredlivingofarizona.com

Questions: Call Michelle Siwek 480.414.2596 or Barbara Jacoboski at 480.577.4546.

ATTESTATION STATEMENT

To: *All AzRHA members licensed as a behavioral health facility with ADHS*

Re: *Update to Policy and Code of Ethics – NARR LEVEL III & IV*

Effective Date: January 17, 2018

Effective January 17, 2018, as a member of AzRHA, I, _____, the authorized representative of _____ (legal name of program) attest to the following:

I am a behavioral health facility licensed as a _____ (type of licensure) ADHS license # _____ and affirm all company policies are in compliance with the governing body and do not provide clinical, medical or medication services in locations that are not licensed under ADHS.

STATE OR FEDERAL CONTRACTS (if applicable otherwise denote N/A)

Our Program operates under a _____ (state, federal) contract managed by _____, Contract # _____ where our program can bill for the following services (Please indicate ALL services as part your contract with the state or federal entity):

Services:

Signature of Authorized Person

Title

Print name

Phone Number

Date

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RECOVERY RESIDENCE LEVELS OF SUPPORT				
	LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
 ADMINISTRATION	<ul style="list-style-type: none"> • Democratically run • Manual or P&P 	<ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures 	<ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state 	<ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
SERVICES	<ul style="list-style-type: none"> • Drug Screening • House meetings • Self help meetings encouraged 	<ul style="list-style-type: none"> • House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services 	<ul style="list-style-type: none"> • Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house 	<ul style="list-style-type: none"> • Clinical services and programming are provided in house • Life skill development
RESIDENCE	<ul style="list-style-type: none"> • Generally single family residences 	<ul style="list-style-type: none"> • Primarily single family residences • Possibly apartments or other dwelling types 	<ul style="list-style-type: none"> • Varies – all types of residential settings 	<ul style="list-style-type: none"> • All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
STAFF	<ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer 	<ul style="list-style-type: none"> • At least 1 compensated position 	<ul style="list-style-type: none"> • Facility manager • Certified staff or case managers 	<ul style="list-style-type: none"> • Credentialed staff

STANDARDS CRITERIA

Sneak peek into upcoming legislation:

A draft of the sober living statute will be released to the membership in March 2018 meeting.

Verbiage includes but not limited to:

A POLICY THAT NO DRUG AND ALCOHOL RECOVERY HOUSE OWNER, EMPLOYEE, HOUSE OFFICER OR INDIVIDUAL RELATED TO A DRUG AND ALCOHOL RECOVERY HOUSE OWNER, EMPLOYEE OR HOUSE OFFICER SHALL DIRECTLY OR INDIRECTLY SOLICIT OR ACCEPT A COMMISSION, FEE OR ANYTHING OF MONETARY OR MATERIAL VALUE FROM RESIDENTS, OTHER RELATED INDIVIDUALS, THIRD PARTY ENTITIES INCLUDING BUT NOT LIMITED TO INSURANCE COMPANIES, LABORATORIES OR REFERRAL SOURCES, BEYOND SPECIFIED FEES ESTABLISHED IN WRITING AT THE TIME OF RESIDENCY.