



GARR Member Recertification Application

The Georgia Association of Recovery Residences (GARR) is an Affiliate of the National Alliance for Recovery Residences (NARR).

NARR's mission is to support persons in recovery from addiction by improving their access to quality recovery residences through standards, support services, placement, education, research and advocacy.

NARR develops and promotes recovery residence standards and a code of ethics. Additionally NARR provides educational conferences and advocates for recovery residences on national and state levels.

NARR implements its mission on the state level through Affiliates that are independent recovery residence provider organizations who partner with NARR to implement and sustain adherence to the NARR Standard. NARR recognizes only one Affiliate in each state.

As the NARR Affiliate in Georgia, GARR has adopted the NARR Standards and Code of Ethics. Additionally, GARR has an approved addendum to the NARR Standards.

Membership and certification is voluntary and open to all recovery residences that subscribe to GARR's mission, vision, goals, ethics and standards and who meet all membership requirements included in this agreement.

Please read the requirements and agreements carefully. You are attesting to and are accountable for the adherence to the requirements outlined in this document.

Program Membership Requirements

1. A fully completed application/certification fee is submitted to begin the membership and certification process. Please see attached Fee Schedule to determine fees specific to your program. Before certification and each recertification, the recovery residence must meet or exceed ALL requirements of the GARR Standards for the designated NARR Level of Service.
 - a. The application fee covers the review of documentation and the physical inspection of the residence as well as limited technical assistance. If there is more than one location and requires travel in excess of 15 miles, there will be an additional \$100 per location fee assessed. **Certification/application fees are not the same as Member Dues which are payable at the beginning of each calendar year.**
2. At certification and at each recertification, each owner-operator or designated facility director must submit
 - a. "Recovery Residence Director Statement" that attests to the following:
 - i. I am fully responsible for implementing the facilities policies and procedures and maintaining compliance with the GARR certification.
 - ii. I am fully responsible for upholding, promoting and ensuring compliance with the NARR Code of Ethics, both in letter and in spirit.
 - iii. I commit to adhering to the NARR principles of 1) Operate with Integrity, 2) Uphold Residents' Rights, 3) Be Recovery Oriented, 4) Use Peers to Staff and Govern, 5) Create a Healthy Recovery Environment, 6) Provide a Home-like Experience, 7) Inspire Purpose, 8) Cultivate Community, 9) Provide a Home-like Space, 10) Promote Health and Safety, 11) Be a Good Neighbor.
 - iv. As a GARR certified recovery residence, I commit to be **Ethical, Informed, Transparent and Passionate.**
3. Annually, before January 31st, each owner-operator or designated facility director must submit:
 - a. A GARR Drug Screen policy disclosure statement.
 - b. A GARR Dual Relationship disclosure statement.
 - c. A GARR MAT policy statement.
 - d. A GARR Program Member and Certification Agreement (this document).
 - e. An updated GARR Program Outcomes Form
 - f. Current CPR & First Aid Training Certification
 - g. Narcan On Site Confirmed & Training Video Confirmation For Staff members
 - h. Operator Recovery Affirmation Statement
4. Each owner-operator or designated facility director must obtain a minimum of 12 GARR CEUs per year. Other employees are welcome and encouraged to participate as well.
5. For new programs seeking certification, please refer to pages 13, 14 & 15 of this document for full explanation of precertification requirements, first year requirements and application fees and first year certification fees. **Narcan training, First Aid and CPR**

training are required and verification submitted before site visit will be scheduled. If you are already CPR/First Aid trained and/or certified, please submit verification with your Member Agreement. **The safety education hours may be obtained through any accredited provider.**

6. Operators in recovery must have a minimum of 3 years in recovery from Substance Use Disorder and be active in their recovering community to be eligible for certification. Research suggests that individuals who reach this milestone have a greater probability of maintaining long term abstinence.
7. If Operators choose to employ former residents, there must be a period of separation of at least 6 months prior to employment. (The resident may volunteer for a period of 6 months prior to employment)
8. Operators who choose to employ anyone who is in recovery from a substance use disorder must require those employees to have a minimum of 1 year of recovery.
9. Annual membership fees are due by January 31 of each calendar year. A temporary exception based on hardship will be considered by the Board of Directors if received by February 1. Otherwise, annual dues delinquency results in suspension of certification. Upon notification of suspension, the recovery residence must immediately remove the display of its GARR certificate and remove the GARR and NARR logos from its website and all marketing materials. The Program will be removed from our Member List and Website as well.
10. A GARR recertification is due every two years before the date shown on the certificate. The Member must be in good standing prior to the re-certification site visit. Members that have had a proven ethical violation will need to be recertified annually for 3 years. Operators will need to meet the following requirements to qualify for bi-annual instead of annual recertification:
 - a. A member in good standing for 5 or more years.
 - b. No proven ethical violations or compliance issues in the past 2 years.
 - c. Actively mentoring new programs or active participation on the GARR board or a GARR committee.
11. GARR Operator's that are also certified by DCS (THOR) or have credentials through GACA or ADACBGA understand that GARR reserves the right to communicate regarding the ongoing operation of mutually certified programs and its Operators. This includes certification, general demographic information, any ethical inquiries and any other information deemed relevant to the safety and ethical operation of these organizations.
Operators understand that The GARR Network reserves the right to informally drop in on programs to observe or monitor the operation of the program.

I, _____ (printed name of owner-operator or designated program director) acting on behalf of _____ (name of recovery residence) agree to comply with all parts of this GARR Program Member and Certification Application. I also acknowledge that failure to comply with any part of this agreement could result in the suspension of the GARR certification.

Signature

Date

The following forms that are referenced in the GARR Member and Certification Application are included in this document.

- GARR Program Member Information Sheet
- Facility Director Statement
- Drug Screen and Other Lab Tests Policy Disclosure
- Dual Relationship Disclosure Statement
- Dual Relationship Alternative Disclosure Statement
- Medication Assisted Treatment (MAT) Policy Statement
- Operator Recovery Affirmation Statement
- Fee Schedule Outline

NOT included in this addendum but still required as part of the GARR Member and Certification Agreement -

- GARR Program Outcomes Data form

GARR Program Member Information Sheet

MEMBER INFORMATION	
Recovery Residence (RR) Name	
Name of Corporation	
Owner(s)	
Designated Facility Director	
Owner or Facility Director Phone #	
Owner or Facility Director Email	
RR Physical Address	
RR Office Mailing Address	
RR Telephone	
RR EMail Address	
RR Website Address	
DATA	
Total Bed Capacity by NARR Level -DO NOT LEAVE THIS BLANK-	I = II = III = IV =
Target Population <i>(Men, Women, Women With Children, etc.)</i>	
Specializations <i>(MAT, LGBTQ, criminal/juvenile justice, homeless, unemployed, etc.)</i>	
Current Resident Age Groups <i>(Adolescents, Adults, Senior Adults, etc.)</i>	
Total Full-time Staff	
Total Part-time Staff	
Total Volunteers	
Location <i>(Rural, Urban, Suburban, Reservation, Metropolitan, Small Town,)</i>	

GARR Program Member Information Sheet

Tell Us About Your Residences

How many locations do you have? _____ (If more than 4, please duplicate this page)

Location 1: Address _____

How many beds? _____ (minimum 50+ sq ft per bed per bedroom)

How many full baths? _____ (minimum 1 per 6 residents)

How many bedrooms? _____

Size of Bedroom A _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom B _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom C _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom D _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom E _____ ft x _____ ft = _____ sq ft, # of beds _____

Location 2: Address _____

How many beds? _____ (minimum 50+ sq ft per bed per bedroom)

How many full baths? _____ (minimum 1 per 6 residents)

How many bedrooms? _____

Size of Bedroom A _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom B _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom C _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom D _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom E _____ ft x _____ ft = _____ sq ft, # of beds _____

Location 3: Address _____

How many beds? _____ (minimum 50+ sq ft per bed per bedroom)

How many full baths? _____ (minimum 1 per 6 residents)

How many bedrooms? _____

Size of Bedroom A _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom B _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom C _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom D _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom E _____ ft x _____ ft = _____ sq ft, # of beds _____

Location 4: Address _____

How many beds? _____ (minimum 50+ sq ft per bed per bedroom)

How many full baths? _____ (minimum 1 per 6 residents)

How many bedrooms? _____

Size of Bedroom A _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom B _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom C _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom D _____ ft x _____ ft = _____ sq ft, # of beds _____

Size of Bedroom E _____ ft x _____ ft = _____ sq ft, # of beds _____

Facility Director Statement

As the owner-operator or designated facility director, I attest to the following:

1. I am fully responsible for implementing the policies and procedures and maintaining compliance with the GARR/NARR certification.
2. I am fully responsible for upholding, promoting and ensuring compliance with the NARR Code of Ethics, both in letter and in spirit.
3. As a GARR certified facility, I commit to be **Ethical, Informed, Transparent and Passionate**.
4. I commit to adhering to the NARR principles of 1) Operate with Integrity, 2) Uphold Residents' Rights, 3) Be Recovery Oriented, 4) Use Peers to Staff and Govern, 5) Create a Healthy Recovery Environment, 6) Provide a Home-like Experience, 7) Inspire Purpose, 8) Cultivate Community, 9) Provide a Home-like Space, 10) Promote Health and Safety, 11) Be a Good Neighbor.
5. If Operator is in recovery from a Substance Use Disorder and any other clinical recognized disorder, Operator attests that he/she has a period of not less than 3 years in Recovery.
6. If there is a dual relationship (as outlined in our Dual Relationship Statement), this information must be disclosed to residents and all interested parties as well as posted in a conspicuous location of all locations involved.

The GARR Certificate is issued to the Recovery Residence with the Owner-Operator or designated facility director at the time of certification. **The GARR certificate is not transferable to new owners or new management.**

Printed Name _____

Title (owner, operator or director) _____

Date _____

Signature _____

Best contact phone number _____

Email address _____

Drug Screen and Other Lab Tests Policy Disclosure

Recovery Residence Name _____

We () do () do not provide onsite urine collection for testing.

We () do () do not provide onsite urine drug testing via “point of care” or “screening” test.

If you answered “do” to either of these questions, please describe the frequency.

We () do () do not use a third party service for onsite sample collection and/or testing.

We () do () do not send samples to a lab for confirmation drug testing.

If you answered “do” to either of these questions, please answer the following questions.

What is the name of the third party service and/or lab that you utilize?

Who is responsible for payment of these additional services?

Does the third party and/or lab bill this cost to your resident’s insurance company?

Does your recovery residence bill this cost to your resident’s insurance company?

We () do () do not collect saliva or other bodily fluids for other lab tests such as DNA testing.

Print Name of owner-operator

Signature owner-operator

Date

Dual Relationship Disclosure Statement-Read Carefully

Recovery Residence Name _____

- A. This recovery residence has NO financial relationship with or ownership in an outpatient or intensive outpatient program (IOP), partial hospitalization program (PHP) or medical lab. Initial: _____
- B. Other than the fee charged to all residents that is paid directly to the recovery residence, NO ONE connected with this recovery residence, the owner, employees, volunteers, or their family member receives any type of financial remuneration, either directly or indirectly, for services provided to any of the residents of this recovery residence. Initial: _____
- C. This recovery residence does NOT reduce rates, offer payments or kickbacks to any resident for any reason including but not limited to agreeing to attend an IOP or PHP. Initial: _____
- D. This recovery residence does NOT offer or pay any commission, bonus, rebate, kickback or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, to induce the referral of patients/clients/residents or patronage to or from a physical or behavioral health care provider or facility. Initial: _____
- E. This recovery residence does NOT solicit or receive any commission, bonus, rebate or kickback directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, in return for referring patients/clients/residents or patronage to or from a physical or behavioral health care provider or facility. Initial: _____
- F. This recovery residence does NOT solicit or receive any commission, bonus, rebate or kickback, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, in return for the acceptance or acknowledgement of treatment from a physical or behavioral health care provider or facility. Initial: _____

I, _____ (printed name of owner-operator) attest that all of the above statements are true. Further, if any situation should change or come to my attention that would make any of the above statements false, I will immediately notify the current GARR President or Executive Director of that change in writing by submitting a Dual Relationship Alternative Disclosure Statement.

Signature-Owner Operator

Date

If you cannot attest that all of the above statements (A-F) are true for your recovery residence, please complete the Dual Relationships Alternative Disclosure Statement.

Dual Relationship Alternative Disclosure Statement

Recovery Residence Name _____

I, _____ (printed name of owner-operator or designated program director) do attest that all of the statements on the Dual Relationship are true **except the following statements. Exceptions** _____. I have included an explanation that describes fully the situation of each exception in the space provided below. Further, if any situation should change or come to my attention that would make any of the other statements false, I will immediately notify GARR leadership of that change in writing by submitting a new Dual Relationship Alternative Disclosure Statement. **Any Operator that has a Dual Relationship must disclose this information to residents, their families and any other interested party as well as post in a conspicuous area of all locations involved.**

Please describe here:

Printed Name

Signature-Owner Operator

Date

Medication Assisted Treatment (MAT) Policy Statement

Recovery Residence Name _____

Definitions (as used in the NARR publication MAT Capable Recovery Residences):

MAT - For the purpose of this statement medication assisted treatment (MAT) refers to three FDA approved and evidence-based pharmacological approaches to treating Opioid Use Disorders: full agonist (e.g., methadone), partial agonist (e.g., buprenorphine), and antagonist (e.g., naltrexone).

MAT-capable recovery residences - recovery residences that are capable of adequately supporting one or more residents undergoing all forms of MAT while supporting the safety and recovery of other residents and peer staff who may not be undergoing MAT and/or who have had negative experiences on MAT. The distinction is in contrast to a recovery residence that may begrudgingly accept an applicant on MAT under legal guidance or due to economic incentives. MAT-capable recovery residences can use a mixed population approach, meaning both individuals on MAT and those not on MAT are living in the same household, or a MAT-specific approach.

Please check below the description that best applies to your recovery residence.

- As defined above, this program is a MAT-capable recovery residence.
- As defined above, this program is not a MAT-capable recovery residence. Furthermore, it is not equipped to adequately provide services to any resident that is on any of the MAT medications described above.
- As defined above, this program is not fully a MAT-capable recovery residence. However, it is capable of providing some more limited services to residents that are accessing MAT. MAT-recovery support services are provided in the following situations:

Print Name of owner-operator

Signature

Date

Operator Recovery Affirmation Statement

Recovery Residence Name: _____

I, (the operator) _____ do affirm and attest that I have a minimum of three (3) years of continuous recovery from mood and mind altering substances and am actively involved in my preferred pathway of recovery. I affirm that I understand the importance of self care and accountability to myself, this organization and the residents I serve. Initial: _____

I further understand that in the event of a recurrence, I am to notify The GARR Network staff within 3 days. This is not meant to be punitive but in an effort to offer support and strategies to ensure both the safety of the Operator as well as the residents. Initial: _____

I understand that if I do not notify The GARR Network within the designated time frame, an ethical inquiry will begin and a recommendation will be made to the board regarding suspension of the certificate or other measures deemed to be in the best interest of the program, staff and residents. Initial: _____

I understand and affirm that I will ensure that self care plans are in place for self and program staff. In the event, a staff member has a recurrence, I affirm that I will remove staff from direct resident contact for a period of not less than 1 year. Initial: _____

I understand and affirm that it is my responsibility to notify The GARR Network in the event that there is a fatality or overdose of a resident or staff within 48 hours. Initial: _____

In the absence of State or legal oversight, I the Operator understand I am tasked with significant responsibility to provide best practices and ensure the safety of residents to the very best of my ability. I agree to continue pursuing continuing education and training for as long as I am a Member of The GARR Network. Initials: _____

Signed: _____

Printed: _____

Date: _____

GARR Representative: _____

Application and Certification Fee Includes:

- **The Quality Review Process** - This includes the review of your application, the review of your organization's documentation, (including your Policy and Procedures manual) as well as the on-site review of the recovery environment and dwelling review. The review includes a **maximum** of 6 hours for the on-site and dwelling review. A majority of reviews can be performed within this time frame. ***If your organization has more than five sites, has sites that are more than 15 miles apart, and/or operates housing at multiple levels, GARR may not be able to complete the review in one day. In that case, GARR will charge an additional fee for a second day of on-site and dwelling review.***
- **Technical Assistance and Support** - GARR will be available to you to provide brief technical assistance and support as your organization engages in the review process. GARR will answer questions, provide advice, and help connect you with other organizations and experts.
- **Listing on the GARR Recovery Residence Website** - After your organization is certified, we will list your organization on the GARR Recovery Residence Downloadable List as well as assist you in building a profile, both will appear on our website.
- **Access to your GARR Member Folder** - After your organization is certified, this is where you will find your data outcomes survey tool, your most recent GARR Certification and your CEU certificates for your convenience.

Application & Re-Certification Policy & Procedure

There is a New Program & Recertification Program Zoom Workshop Every 3rd Tuesday at 10 am. for 1 hour

Programs that are in the recertification process will be required to attend at least one of the New Program & Recertification Zoom Workshop **before they can be recertified**

- Program CEU requirement is 12 hours per year
- All programs recertifying are required to fill out an updated application and policy forms
- All programs recertifying are required to submit an electronic version of their policies and procedures for review
- All programs recertifying will be required to verify with certificates for CPR, First Aid Training and Narcan Training
- All programs recertifying will need to have CEU's up to date for the current year and to have previous year CEU's accounted for as well

SEE BELOW FOR THE MEMBERSHIP ANNUAL PAYMENT SCHEDULE

Annual Member Fees Include:

- Continued Technical Assistance
- Monthly Newsletter
- Monthly In-Person & Zoom Member Meeting Training
- Business Training
- Ongoing training and education opportunities that are approved by both ADACBGA and GACA
- Ongoing listing on GARR website and member lists
- Opportunities to host Member Luncheons at your facility
- Increased visibility at multiple conferences
- Opportunities to become involved with special events or sub-committees
- Eligibility to become THOR approved
- Advocacy at city, county and state level

ANNUAL MEMBER FEES ARE INVOICED IN JANUARY OF EACH YEAR

Annual Member Fees Calculation

00-05 Beds - \$575

06-10 Beds - \$585

11-20 Beds - \$610

21-30 Beds - \$635

31-40 Beds - \$660

41-50 Beds - \$685

51-70 Beds - \$735

71-100 Beds - \$810