

Compliance Protocol



Overview

Compliance audit protocol differs from the annual certification protocol in that it focuses on a thorough review of policies, procedures and practices related to certain affirmative attestations executed by the provider during initial and renewal application for voluntary certification. Compliance audits seek to confirm compliance with the core principles that govern the NARR Quality Standards and Code of Ethics and specific criteria mandated by F.S 397.487. Compliance audits are conducted without notice. At the time of application for initial and renewal certification, provider organizations agree to cooperate fully and transparently with FARR Compliance Audit Staff. This cooperation extends to providing FARR Field Audit Assessors with timely access to organizational and resident records without cost including, but not limited to, billing and receipt records, resident files, drug screening logs, drug confirmation test results, corporate records, insurance policies, fire and safety inspection reports, financial records and personnel files. Applicant organizations agree to provide FARR Field Audit Assessors with unrestricted access to interview Owner(s) of Record, CRRAs(s) of Record, managers, staff and volunteers, in addition to residents and, when appropriate, neighbors for the sole purpose of confirming compliance as referenced above. In order that FARR might maintain the integrity of Certificates of Compliance, the FARR Board of Directors requires that no less than twenty-five (25%) percent of certified provider locations are selected for compliance audit review each calendar year.

NARR Quality Standards Core Principles

Operate With Integrity

Uphold Resident Rights

Are Recovery Oriented

Are Peer Staffed & Governed

Promote Health

Provide a home

Inspire Purpose

Cultivate Community

Promote Safety

Are Good Neighbors

Compliance Audit Selection Criteria

Compliance Audits do not necessarily result from an indicator or suggestion of non-compliance. Audit selections may be triggered randomly. Random selection criteria may include the location's support level, priority population, compliance results from previous onsite visits, and the proximity of the location to upcoming onsite visits scheduled for another provider in the vicinity.

Compliance Audit inspections may also be triggered by FARR having received a formal grievance by a stakeholder. This would be an entity who makes a credible claim regarding first-hand knowledge of an event(s) of non-compliance with core principles governing the NARR Quality Standards, Code of Ethics or specific criteria mandated by F.S 397.487. Not all formal grievances necessitate an onsite compliance audit assessment. The FARR Compliance Audit Administrator determines under what conditions a Field Assessment Audit is necessary to assess continued compliance.

In whichever instance, either random or for cause, Compliance Audit Assessments are conducted by Certification Staff without advance scheduling or notice to selected providers. Compliance Audit staff have been trained to conduct themselves professionally and with strict adherence to the FARR Compliance Audit Protocol. This is not intended to be a "policing activity," but rather an opportunity to further educate and support providers on how they might honor their commitment to deliver quality services that are in compliance with the NARR Standard and Code of Ethics, as may be amended from time to time.

Compliance Audit Reporting

Results from this assessment are compiled in a Compliance Audit Report. These results are forwarded by the FARR Compliance Audit Administrator directly to the Certified Recovery Residence Administrator of Record (CRRRA of Record) for the provider location. Compliance Audit Reports are also available upon demand by Owners of Record and the Department of Children and Families (DCF). Compliance Audit assessments do not represent an additional expense to the provider unless the ultimate result requires intervention by the FARR Compliance Committee. (See NOTICE TO PROVIDERS WHO SEEK VOLUNTARY CERTIFICATION UNDER F.S. 397.487 below).

In most instances, provider locations that are determined to be non-compliant are provided with a date specific opportunity to evidence their return to compliance. A written notice of non-compliance, including the date for evidencing a return to compliance and itemized list of actions necessary to evidence said compliance, is provided as an attachment to the Compliance Audit Report. The final determination of compliance or non-compliance is vested with the FARR Compliance Committee.

FARR Compliance Committee Authorities

The FARR Compliance Committee is vested by the FARR Board of Directors with sole authority over the recovery residence certification process, including ensuring that the process meets all NARR and best practice standards, specific mandates of F.S 397.487. This Standing Committee is authorized by the FARR Board of Directors to deny, suspend or revoke certification pursuant to established and accepted procedures and guidelines.

The Compliance Committee shall be comprised of seven (7) members, six (6) of which shall be certified recovery residence administrators (two each from Level II, Level III and Level IV facilities) and which shall be chosen to represent, to the greatest degree possible, the geographic regions of the State of Florida.¹ The seventh committee member shall be an independent committee member chosen by the Board of Directors and shall be a non-provider. The policies and procedures of the Compliance Committee shall be governed by a written Compliance Committee Charter, which shall be periodically reviewed by the committee and approved by the Board. These members serve as volunteers are not compensated. Eligibility and rotation criteria is set forth in the Compliance Committee Charter and is intended to ensure fair and impartial application of authority.

NOTICE TO PROVIDERS WHO SEEK VOLUNTARY CERTIFICATION UNDER F.S. 397.487:

Providers seeking Voluntary Certification of Compliance with NARR Quality Standards, Code of Ethics and additional criteria specified under F.S 397.487, are advised that FARR Certification and Compliance Administrators are tasked with making recommendations of denial, suspension and/or revocation to the FARR Compliance Committee. In the event of unresolved events of non-compliance, this committee is vested by the FARR Board of Directors to sanction the provider, including but not limited to:

- 1.** Dismissal of FARR Certification or Compliance Audit staff recommendation(s) for sanction(s).
- 2.** Extension of additional thirty (30) day period during which the subject provider might achieve compliance.
- 3.** Schedule a meeting with the Owner(s) and Recovery Residence Administrator(s) of Record to review the events of non-compliance before making their final determination.
- 4.** Suspend certification for a period of no less than 90 days and order a full compliance audit of all locations operated by the subject provider; cost of \$300.00 per location to be borne by provider.
- 5.** Revoke certification based on FARR Compliance Committee assessment that the specified activities and/or practices represent non-compliance with NARR Standard(s), Code of Ethics and/or other criteria specified in F.S 397.487, which may include, but are not limited to:
 - a.** Filing a false and/or misleading application for Voluntary Certification with the Florida Association of Recovery Residences (FARR) as per F.S 397.487. **8 (d)** as a credentialing entity which evokes and which evidences non-compliance with NARR Quality Standards Core Principles, Operates without integrity Standards 01-05.
 - b.** Provide residence to a registered sex offender as per non-compliance to NARR Quality Standards 08.01, 24.02 and F.S 397.487. **5(e)**
 - i.** F.S. 397.487.5(e); Sexual predator and sexual offender registry compliance policy.
 - 1.** It is the responsibility of the Owner and/or CRRA of the certified residence to verify registration of any potential resident that qualifies as a sexual offender of any kind through the department of law enforcement prior to initializing any orientation processes.

- 2. For sexual offender registration requirements see F.S. 943.0435 - Sexual offenders required to register with the department; penalty
- 3. For sexual predator registration requirements see F.S. 775.21 - The Florida Sexual Predators Act.
- ii. NARR Quality Standards 08.01; Support Housing Choice as evidenced by applicant screening policies and procedures provide current residents a voice in the acceptance of new members.
- iii. *Certified residences should be able to evidence and document the screening process for accepting registered sex offenders.*
- iv. *Certified residences must provide current residents a voice in the acceptance of new members prior to the move-in of the potential resident; applicable to ALL populations not limited to registered sex offenders, convicted felons, ETC. Certified residences must be able to evidence these policies and procedures.*
- v. NARR Quality Standard 24.02; Provide a physically and emotionally safe, secure and respectful environment as evidenced by policies and procedures, such as applicant screenings, that establish the homes priority population and cultivate physically and emotionally safe environments for discussing the needs, feelings and sustaining recovery-supportive connections.
- vi. NARR Quality Standard 36.01 & 36.02; Are responsive to neighbor concerns as evidenced by (36.01) policies and procedures that provide neighbors with the responsible person(s) contact information upon request. (36.02) Policies and procedures that require the responsible person(s) to respond to neighbor's concerns even if it is not possible to resolve the issue.
- c. Sexual misconduct between provider staff and residents which evidences non-compliance with NARR Quality Standards and Code of Ethics.
- d. Bullying, physical threats of violence and/or violent behaviors which evidences non-compliance with NARR Quality Standards 24.02, 26.00, 26.01 and Code of Ethics.
- e. Participation in act(s) of Patient Brokering as defined in F.S 817.505 and/or Insurance Fraud which evidences non-compliance with NARR Quality Standards 02.00 and Code of Ethics.
- f. Unresolved neighbor grievances deemed by the FARR Compliance Committee to be non-discriminatory and curable by the provider, evidencing non-compliance with NARR Quality Standards 36.00, 36.01, 36.02, 36.03 sand F.S 397.487 **5. A good neighbor policy to address neighborhood concerns and complaints.**
- g. Failure of provider to take consistent and demonstrable actions to adhere to their written policies and procedures as related to sustaining an alcohol and drug free community for residents which evidences non-compliance with NARR Quality Standards 25.00 , 25.01.A, 25.01.C and Code of Ethics and F.S 397.487 **3. (a 2, 3)**
- h. Failure of the Provider to follow their established protocol(s) to reasonably ensure the safety of all stakeholders when a resident is discharged as the result of a reoccurrence of use (relapses). This includes the safety of the resident, the safety of residence community and the safety of the surrounding neighborhood. The provider discharge protocol must be approved by the credentialing entity as a specific requirement of F.S. 397.487 **5. (i)** And must be presented at time of application for Voluntary Certification. Provider failure to implement the approved protocol evidences non-compliance with NARR Quality Standards 25.01, 26.01 and Code of Ethics.
- i. Failure of the Owner of Record to notify FARR Certification Staff in writing within seventy-two (72) hours regarding:

- i. Provider changes to approved policies, procedures and/or protocols
- ii. Opening and/or closure of provider locations
- iii. Changes to Ownership, Management and Staff
- iv. Life-threatening events and/or deaths of current residents, whether on property or elsewhere
- v. Criminal charges alleging felony misconduct by any Owner, Manager or Staff
- vi. Criminal charges alleging felony misconduct by a qualifying Recovery Residence Administrator
- vii. Criminal charges alleging felony misconduct by a current resident

Constitutes an event of non-compliance and may result in suspension and/or revocation of the provider's Certificate of Compliance.

6. Refer grievances filed by stakeholders to external agencies, as determined by the Compliance Audit Administrator, including, but not limited to:

- a. Department of Children and Families - Substance Abuse Licensure Division
- b. Florida Attorney General's Office of Consumer Protection
- c. Florida Department of Law Enforcement
- d. Local Law Enforcement
- e. Local Zoning Code Enforcement Departments

7. Access to reports that provide the specific nature of formal grievances and/or FARR action(s) that may result from such a grievance are limited to:

- a. The Grievant
- b. Agencies to whom the grievance was referred
- c. Owner(s) of Record
- d. Qualifying Recovery Residence Administrator(s) of Record
- e. Department of Children and Families

FARR Board, Staff and Compliance Committee Members are prohibited from sharing or answering questions pertaining to grievances beyond the scope outlined herein. Grievances are filed through our website form located at:

<http://farronline.org/ethics/file-a-grievance/>

File a Grievance

<p>Grievant First Name (Enter your first name) *</p> <input type="text"/>	<p>Grievant Last Name (Enter your last name) *</p> <input type="text"/>	<p>Grievant alleges Provider non-compliance with NARR Core Principles listed below. (Please select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Residence Operates with Integrity <input type="checkbox"/> Residence Upholds Residence Rights <input type="checkbox"/> Residence is Recovery Oriented <input type="checkbox"/> Residence is Peer Staffed and Governed <input type="checkbox"/> Residence Promotes Health <input type="checkbox"/> Residence Provides a Home <input type="checkbox"/> Residence Inspires Purpose <input type="checkbox"/> Residence Cultivates Community <input type="checkbox"/> Residence Promotes Recovery <input type="checkbox"/> Promotes Health and Safety <input type="checkbox"/> Residence is a Good Neighbor <input type="checkbox"/> Other (describe in field below) <p>Other</p> <input type="text"/>
<p>Grievant Phone Number (Enter your phone number) *</p> <input type="text"/>	<p>Grievant Email Address (Enter your email address) *</p> <input type="text"/>	
<p>Grievant relationship to provider *</p> <input type="text"/>	<p>Other</p> <input type="text"/>	
<p>I claim direct, first-person knowledge related to this grievance *</p> <input type="text"/>		
<p>Provider Name (Facility against whom Grievance is being filed) *</p> <input type="text"/>		
<p>Provider Street Address</p> <input type="text"/>		
<p>Provider City</p> <input type="text"/>	<p>Provider State</p> <input type="text"/>	<p>Provider Zip Code</p> <input type="text"/>
<p>Provider Primary Contact</p> <input type="text"/>	<p>Provider Phone</p> <input type="text"/>	
<p>Nature of Grievance (Please provide a detailed narrative explaining the nature of the grievance below) *</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>		

Should FARR receive a phone call from a grievant who is unable to gain access to a web browser in order to electronically file a formal grievance, FARR Staff will complete the submission of the grievance on behalf of the grievant. It is required that the call be recorded, with permission to record authorized by the Grievant, and saved as a MP3 file attached to the grievance record within the case record.

For more information on the FARR Grievance Policy, go to:

<http://farronline.org/standards-ethics/ethics/grievance-policy/>