ARKANSAS ALLIANCE OF RECOVERY RESIDENCES

Compliance Manual.

The official certification handbook for Arkansas recovery residences — standards, process, and policy in one place.

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NARRARKANSAS.ORG

ABOUT THIS MANUAL

Overview.

This manual is the operating reference for organizations seeking or maintaining AARR certification. It collects the certification process, the formal Compliance Agreement, the Code of Ethics, and every supporting policy in one place. Read it once end to end before you apply, then keep it close as a working reference. The standards behind this manual come from NARR Quality Standard 3.0, which is built on four domains: Administrative & Operational, Physical Environment, Recovery Support, and Good Neighbor. The Reviewer Inspection Checklist at the back of this manual is the same instrument an AARR reviewer will use during your on-site assessment — self-scoring against it is the fastest way to know where you stand.

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HOW TO USE IT

Chapters 1–2 explain who AARR is and how the certification process works. Chapter 3 is the formal Agreement you sign at certification. Chapters 4–10 are the supporting policies referenced in that Agreement. Chapter 11 is the Inspection Checklist you should use to self-assess before scheduling your on-site visit.

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CHAPTER 01

Welcome to AARR.

01 · ABOUT AARR

Who we are.

Founded in 2024, AARR emerged from a collective vision to establish quality standards for recovery housing in Arkansas. Through collaboration with recovery community organizations and state agencies, we have developed comprehensive standards aligned with national best practices.

Our mission

The mission of the Arkansas Alliance of Recovery Residences (AARR) is to establish and implement a certification process for recovery residences in Arkansas, ensuring consistency, quality, and adherence to national recovery housing standards. AARR is committed to providing essential resources, fostering a supportive community, and offering additional services to enhance recovery outcomes for individuals in Arkansas.

Your part

Recovery residences play a vital role in supporting individuals in recovery from substance use disorders. Residences provide a structured and supportive environment that helps individuals transition back into mainstream life, reduces the risk of relapse, and fosters a sense of community. Certification of recovery residences is crucial for ensuring quality, accountability, and a consistent standard of care for individuals in recovery. It signals a commitment to ethical standards, transparency, and a focus on resident well-being — benefiting residents, families, referral sources, and the broader community.

The National Alliance for Recovery Residences (NARR)

NARR is a non-profit organization dedicated to promoting quality standards and best practices for recovery residences across the United States. Founded in 2011, NARR's mission is to support individuals in recovery by ensuring that recovery residences provide safe, supportive, and effective environments for those seeking to overcome substance use disorders. The NARR 3.0 Standard is a comprehensive set of guidelines for establishing and maintaining high-quality recovery residences — covering physical environment, administrative and operational procedures, and the quality of support services. AARR certification is built directly on NARR 3.0.

AARR as Arkansas's state affiliate

As the Arkansas state affiliate of NARR, AARR provides a forum for exchanging ideas, including development of a uniform nomenclature for the field, problem solving, training, and advocacy. AARR is the state resource for recovery residence providers seeking standards, protocols for

ethical practice, training, and state-of-the-art information pertaining to all levels of residential support.

CONTACT

How to reach us.

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CHAPTER 02

The Certification Process.

02 · OVERVIEW

Four phases.

The certification process is divided into four phases: (1) Verification Documents, (2) Staff Policy & Procedure, (3) Resident Orientation Handbook, and (4) Onsite Assessment. The phases are finalized with the certification determination. The accompanying Compliance Guide serves to simplify certification by providing guidance on the NARR 3.0 Standards. Certification is based on the NARR 3.0 Standards. NARR's standards are grounded in the Social Model of Recovery, which emphasizes the importance of social and environmental factors in the recovery process — peer support, community involvement, and the development of social networks that help individuals achieve and maintain recovery. Organizations use Behave Health certification software through the AARR website to complete the certification process. The AARR Technical Guide for Completing Applications will assist you in utilizing the software and completing your online application. Read the writing guides thoroughly before submitting policies and procedures — missing documents, policies, or required information delay certification.

PHASE 1

Verification documents.

All of the following documents must be received before AARR moves an applicant into Phase 2. If an applicant cannot provide any of these required documents, they do not meet the NARR Standards for certification. Signed Code of Ethics & Attestations — once the application is received, the operator must sign and submit the AARR Code of Ethics and certification attestations. Articles of Incorporation — verification of legal business entity status in good standing. Proof of insurance — commercial general liability for all recovery residences operated by the organization. Verification is the Certificate of Insurance (ACORD). Permission from homeowner — if renting, a letter from the property owner acknowledging the property is being utilized as a recovery residence. If the organization owns the residence, a signed letter attesting ownership.

PHASE 2

Staff policy & procedure.

During Phase 2, the staff policy and procedure manual is submitted for review. The list below names the mandatory policies needed to achieve certification. Most organizations have additional policies not listed here. These documents should be staff-focused: organizational policies plus the step-by-step procedures for staff, house managers, peer leaders, and others to follow. Mission statement & vision statement Nondiscrimination policy Code of Ethics Staff organizational chart & directory Social media policy Staff resident work policy Overdose procedure Resident records

policy Good neighbor policy Contested drug screen policy Resident rights Residential peer leader roles & responsibilities Community resources

PHASE 3

Resident orientation handbook.

During Phase 3, the resident orientation packet is submitted for review. This is the packet of agreements and policies a resident signs prior to moving in (sometimes called the intake packet or resident handbook). Resident agreement Resident rights & rules Nondiscrimination policy Refund policy Financial policies, including all fees and services provided Resident work policy Good neighbor policy Social media policy Grievance policy (template provided) Data collection policy Personal property policy Recurrence of use policy Medication policy Drug testing policy Search policy Smoking policy Contagious disease policy Emergency contact information Release of information (suggested) Waiver of liability (suggested)

PHASE 4

Onsite assessment.

During Phase 4, an on-site inspection of the residence occurs. On-site inspections are not scheduled until Phases 1–3 are complete and the residence must be operational with active residents. On-site inspectors review general maintenance and condition, safety and emergency systems, and conduct resident interviews. The primary purpose of reviewing resident files is to ensure accuracy, completeness, and compliance with regulatory standards. File review helps determine whether the residence provides quality care, meets residents' needs, and adheres to legal requirements. Property assessments confirm structural integrity, safety, and compliance with national standards.

Inspection focus areas

OVERALL HOME SAFETY	Working knowledge of electrical/mechanical/structural integrity Documentation that the home is free of fire and safety hazards Meets all local codes for the registered occupancy type When available that documentation should come from a government agency or a credentialed inspector
SMOKE DETECTORS & FIRE EXTINGUISHERS	Smoke alarm on every level and inside each sleeping area Documentation that smoke alarms are tested monthly Fire extinguishers mounted in plain sight- or have clearly marked locations- with current service tags
COOKING SAFETY	Cooking area free of items that can catch fire Kitchen stove hood clean and vented outside Pots not left unattended Appliances clean and sanitary

ELECTRICAL & APPLIANCE SAFETY	No cords under rugs or frayed Circuit-protected adapters used for additional outlets Appliances plugged directly into walls Dryer vent clean Appliances are in working order and in good condition
RESIDENT SAFETY / AARR COMPLIANCE	Resident Rights and requirements, Grievance Policy and Procedure, Emergency phone numbers, and emergency procedures posted Staff and residents are trained on emergency procedures Emergency drills documented Narcan readily available with trained staff and residents Policy prohibits that use of alcohol and/or illicit drug use or seeking Policy lists prohibited items and states procedures for associated searches by staff Policy and procedures for drug screenings and contested drug screens Policy and procedure for allowed medications and medication access
SMOKING	Smoke-free interior Designated smoking areas located outside (typically out back to avoid drawing neighbor attention) Cigarette butts in proper ashtrays; ashtrays emptied into fire-proof containers Ashtrays are large, deep, and kept away from items that can catch fire.
HEATING SAFETY	Chimneys and furnaces are cleaned and inspected yearly Combustibles 3+ feet from all heat sources No extension cords with space heaters Tip-over shutoff on all heaters. Fireplace and barbecue ashes are placed outdoors in covered metal containers at least 3 feet from combustibles.
EVACUATION PLAN	Two ways out of each sleeping room Designated meeting location near the front Monthly drill documentation Evacuation maps posted.
CARBON MONOXIDE ALARMS	When gas appliances are present Carbon Monoxide alarms: Present on each level of the home Documentation alarms tested monthly, in working order

Home environment

Creating a homelike environment in a recovery residence is crucial for promoting well-being, fostering social connections, and supporting long-term sobriety. A stable and nurturing space can significantly reduce anxiety and stress, while improving mental and physical health outcomes.

Overall home	No repair needs Clean

	Maintained Entrances and exits home-like.
Bedroom(s)	50 sq ft per resident Personal storage space Home-like furnishings.
Bathroom(s)	Six residents maximum per full bathroom (sink, toilet, shower).
Living room	Appropriate area for community recreation Furnished for home-like environment.
Dining room	Area for all residents to share meals together.
Kitchen	Working appliances Food storage space for all residents.
Laundry	Accessible washer and dryer in working order.
Meeting area	Large enough to accommodate all residents Appropriate for group activities.

CLOSING THE PROCESS

Conclusion, resubmission, and denial.

Successful certification

Once Phases 1–4 are complete and the Certification & Compliance Agreement has been signed, the organization is certified. A Certificate is issued for display at the recovery residence.

Review and resubmission

Organizations that submit incomplete information will be required to update their information and resubmit. Policies and procedures are reviewed for compliance with NARR Standards. Applicants will be notified of which policies do not meet the standards, what needs to occur to meet the standards, and given the opportunity to resubmit. Resubmissions are due within 60 days. Missing documentation, policies, and required information could delay certification.

Denial of certification

A denial of certification may be issued for failure to meet NARR Standards, violation of the Code of Ethics, or violation of attestations. A denial is for a minimum of 6 months and may extend depending on the severity of the reason. Applicants may reapply once the specified period has passed.

CHAPTER 03

Compliance Agreement.

03 · THE AGREEMENT

The AARR Certification & Compliance Agreement outlines the core obligations, ethical expectations, and operational standards required of all recovery residence providers who seek or maintain certification through AARR. This Agreement is the foundational contract between AARR and each certified provider, ensuring all certified residences operate in alignment with NARR Quality Standards 3.0, the NARR Code of Ethics, and AARR's certification protocols.

VOLUNTARY, THEN MANDATORY

Certification with AARR is voluntary; however, once a provider applies for certification, the commitments within this Agreement become mandatory conditions of participation. By signing, providers affirm that the information they submit is truthful and complete, agree to maintain ongoing compliance with all standards, and commit to maintaining a safe, recovery-oriented, resident-centered environment.

Purpose of the Agreement

Establish clear expectations for ethical and professional conduct. Protect residents, staff, and surrounding communities. Ensure providers maintain safe, sober, and recovery-supportive homes. Promote transparency, integrity, and accountability in all operations. Provide AARR the authority necessary to verify compliance, conduct audits, and enforce corrective actions or sanctions as needed.

Scope of formal obligations

This Agreement summarizes the formal obligations providers accept when applying for certification, including requirements related to resident rights, physical environment, governance practices, insurance and liability, incident reporting, emergency preparedness, neighbor relations, and cooperation with audits and investigations.

Attestations by NARR core principle.

CORE PRINCIPLE · OPERATE WITH INTEGRITY

_____ I attest that our organization will operate with integrity.

Our organization is in compliance with NARR Quality Standards 3.0 in their entirety and will remain compliant with the same. The submission of this application truthfully represents full disclosure of facts pertaining to ownership, management, and staffing of all recovery residence locations operated by our organization. Policies, procedures, and protocols submitted accurately describe our operational practices and will not be modified thereafter without notification and review from

AARR. Should AARR request to review- partially or in their entirety- financial records pertaining to the operation of the residence for compliance verification, the requested documents will be provided upon request without cost or delay. All marketing materials are honest and forthright. Representation of outcomes must be accurate and not misleading; any data presented must be accurate and validated. Should AARR determine in its sole discretion that this application does not truthfully and accurately represent full disclosure of facts and operational practices of the organization, sanctions will be applied without further recourse, which may include immediate revocation of our Certificate of Compliance.

CORE PRINCIPLE · UPHOLD RESIDENT RIGHTS

_____ I attest that our organization will uphold resident rights.

Our ownership, management, staff, and volunteers uphold the rights of residents as referenced throughout NARR Quality Standards and the NARR Code of Ethics, placing the rights of residents and the resident community chief among organizational priorities. Our organization does not subscribe to the "another head to fill a bed" intake philosophy. We consider applicants for residency mindful of the needs and sensitivities of our priority population, ensuring our community is appropriate for the applicant and that the applicant is appropriate for our community. We thoroughly orient new residents to our community, fully disclosing house rules and consequences, policies and procedures, resident rights and responsibilities, phasing and discharge protocols, and all fees and financial commitments — billed directly or indirectly — for which the resident may potentially become legally accountable.

CORE PRINCIPLE · EMPOWER RESIDENT ENGAGEMENT

_____ I attest that our organization will empower resident engagement.

Our organization is in compliance with NARR Quality Standards 10 and 11 in their entirety and will remain compliant. We are a recovery-oriented housing provider rather than a "boarding house for persons who do not drink and/or use illicit drugs." We take deliberate and intentional steps to encourage and mentor resident participation in a self-directed recovery plan. Residents have the ability to be heard in the governance of the residence.

CORE PRINCIPLE · DEVELOP PEER STAFF

_____ I attest that our organization will develop peer staff.

Our organization is in compliance with NARR Quality Standards 12 through 17 in their entirety and will remain compliant. We value the resident voice and encourage peer leadership and accountability by nurturing a community culture that relies on and empowers peers to actively participate in community governance.

CORE PRINCIPLE · PROVIDE A HOME ENVIRONMENT

_____ I attest that our organization will provide a home environment.

Our recovery residences are in compliance with NARR Standards in their entirety and will remain compliant. Our recovery residences are safe and well maintained. Maintenance issues are taken care of in a timely manner. Our residences include space conducive to building community for social engagement among residents. We appreciate that overcrowding can negatively impact communal living. We provide a safe, dignified living environment with adequate storage, clean and fully functional bathrooms, kitchen, and laundry facilities. We foster peer leadership within our community to model behaviors that promote orderliness and cleanliness. Peers hold one another accountable to maintain the exterior and interior of the residence. Community pride is promoted during scheduled house meetings.

CORE PRINCIPLE · PROMOTE A HEALTHY ENVIRONMENT

_____ I attest that our organization will promote a healthy environment.

Our recovery residences are in compliance with NARR Standards in their entirety and will remain compliant. We are a transitional support program for persons in recovery from a substance use disorder. Our primary purpose is to deliver recovery-oriented housing with encouragement and support to develop recovery management skills and recovery capital. We maintain an alcohol- and drug-free environment by means of written policies and procedures regularly updated to meet best practices. We maintain a structured home-like environment. We set parameters that promote accountability, consider others and peer support. We maintain a recovery-oriented environment inside our homes to protect the well-being of the residents, staff, and community. We test smoke detectors, carbon monoxide detectors, and fire extinguishers to ensure they are in proper working order. We acknowledge that some community members may experience a recurrence of use-relapse- while residing in our home. Our organization has established, and the community is accountable to follow our protocols designed to achieve an outcome that protects the safety of both our community and the subject resident. We maintain Naloxone on site at each of our locations and train staff in proper administration of this life-saving measure in accordance with emergency treatment for suspected opioid overdose.

CORE PRINCIPLE · FACILITATE RECOVERY ENGAGEMENT

_____ I attest that our organization will facilitate recovery engagement.

Our recovery residences are in compliance with NARR Standards in their entirety and will remain compliant. We operate a recovery-oriented home with access to recovery programming both inside and outside of the recovery residence. We provide resources for each resident’s individual recovery and promote the individual's responsibility of developing recovery capital through measures in compliance with NARR Quality Standards.

CORE PRINCIPLE · CULTIVATE COMMUNITY

_____ I attest that our organization will cultivate community.

Our recovery residences are in compliance with NARR Standards in their entirety and will remain compliant-to include at least 50% of the sub-standards associated with NARR Quality Standard 27.

We organize routine meetings and/or activities that by definition promote a community environment functioning as a family. We host social activities within the residence and/or the broader recovery community that encourage and facilitate resident bonding and mutual recovery support. We grant AARR advance permission to conduct unannounced resident and/or staff interviews at any time. Failure to comply may result in immediate suspension and/or revocation of our Certificate of Compliance. Residence staff promote recovery through informal and formal interactions with residents. Peers, including staff, model recovery principles in all interactions. All relationships between residents and staff reflect the ethical principles in the Code of Ethics.

CORE PRINCIPLE · BE GOOD NEIGHBORS

_____I attest that our organization will be good neighbors.

Our recovery residences are in compliance with NARR Standards in their entirety and will remain compliant. Every effort is taken to maintain the street appeal of our property consistent with neighboring properties. Residents and staff are respectful of neighbor persons and property; making every reasonable effort to blend into the neighborhood. We are mindful that residents not loiter, use language that may be offensive to others, create noise disturbances, create parking challenges, or otherwise create traffic navigation issues within the neighborhood.

PHYSICAL DOMAIN COMPLIANCE

_____I attest that our organization will maintain physical domain compliance.

The physical residence inspected by AARR at the time of field certification will not be changed or altered to a lesser state than presented at the time of inspection — including the number of beds, bathrooms, and the condition of the residence. We will notify AARR of any changes to the physical residence, including number of beds, bathrooms, condition of the residence, and population served. AARR reserves the right to conduct drop-in inspections to include a physical domain review as well as resident interviews. We will seek certification for any current or future recovery residences that meet the model for AARR certification. I understand this requires AARR notification of all residences we operate - current and future. We will seek certification for any current and future recovery residences we operate that meet the model for AARR certification — within 6 months of operation — and will request any line-item waiver in writing at the time of notification.

AARR FUNDING

_____I attest that our organization will cooperate with AARR funding requirements.

We have been informed by AARR of funding opportunities and the eligibility requirements available to AARR certified operators. We will utilize any funding received from AARR for its intended purposes and ethically.

PROFESSIONAL CODE

_____I attest that our organization will abide by a professional code of conduct.

Our organization, including owners and staff, will abide by a professional conduct code in our dealings with the public. As an organization certified by AARR, we will not criticize, disparage, or slander AARR or any other AARR-certified organization. AARR makes no distinction between organizations being better or worse than another — only whether an organization is certified and meets the national standards. To operate in any less manner is counterproductive and would violate this professional code. We will notify AARR of unprofessional conduct or possible non-compliance with the AARR Code of Ethics by other AARR operators.

AARR INCIDENT POLICY

It is the policy of AARR that all certified residences, members, and organizations report all major incidents. A major incident is any emergency or situation with significant impact or urgency that demands a response beyond routine incident management. A major incident also includes but is not limited to any volunteer, staff, or owner that violates the signed Code of Ethics or whose actions — directly or indirectly — affect a participant or resident. When a major incident occurs, the AARR-certified organization is responsible for reporting the incident on the approved AARR Incident form with a written summary, submitted within 5 days of the incident date. The incident form and summary are sent to the AARR office; AARR reviews and, when necessary, refers to the Board of Directors or a special committee. AARR will keep records of all major reports. If a major incident is not reported by a certified residence, member or organization OR an incident and the timing or nature of are deemed out out of the ordinary AARR will respond as follows:

If a major incident is not reported

AARR and/or the standards/ethics committee will investigate. After investigation, AARR may require an explanation from the organization regarding the failure to report. If a non-reported incident is determined to involve negligence or fault, the matter is reported to the Board for review and a sanction decision.

Possible sanctions

A written warning concerning the negative effects of not reporting. A set probationary period requiring weekly communication with AARR and possibly a corrective action plan. Suspension of AARR membership for a period determined by the Board of Directors.

_____ I attest I have fully read the AARR incident policy and our organization will fully comply with timely reporting of all incidents that are applicable.

AARR AUDITING POLICY

Providers seeking voluntary certification of compliance with the NARR Quality Standards 3.0 and the NARR Code of Ethics are advised that AARR Certification and Compliance staff are tasked with making recommendations of denial, suspension, and/or revocation to the AARR Compliance Committee. In the event of unresolved events of non-compliance, this committee is vested by the AARR Board of Directors with the authority to sanction the provider, including but not limited to the actions described in this notice.

Available sanctions.

Upon review of a provider's record and any pending recommendation by AARR Certification and Compliance staff, the AARR Compliance Committee may take any of the following actions: Dismissal of AARR Certification or Compliance Audit staff recommendation(s) for sanction(s). Extension of an additional thirty (30) day period during which the subject provider may achieve compliance. Scheduling a meeting with the owner(s) and staff to review the events of non-compliance before making a final determination. Suspension of certification for a period of no less than ninety (90) days, together with an order of a full compliance audit of all locations operated by the subject provider. A fee of $300.00 per location, to be borne by the provider, applies to such audits. Denial or revocation of certification based on the AARR Compliance Committee's assessment that the specified activities and/or practices represent non-compliance with the NARR Quality Standards 3.0, the NARR Code of Ethics, and/or other criteria specified in the AARR Compliance Manual. Such activities and practices may include, but are not limited to, the events of non-compliance listed below. Referral of grievances filed by stakeholders to external agencies, as determined by the AARR Compliance Committee, including but not limited to those listed in this notice.

Events that may trigger sanctions.

The following activities and practices may, on their own or in combination, constitute an event of non-compliance and may result in denial, suspension, or revocation of the provider's Certificate of Compliance: Providing false and/or misleading information to AARR at any time. Filing a false and/or misleading application for certification. Providing residence to priority populations without the organization's prior approved policies and procedures. Providing residence to a minor after 9pm or before 7am without being approved under special assessment or having the court make a specific finding that such visitation is in the best interest of the minor child. Sexual misconduct between provider staff — including owners, managers, employees, contractors, peer leaders, or volunteers — and residents, current or former. Such conduct constitutes a per se violation of the NARR Code of Ethics. Sexual misconduct includes, but is not limited to: sexual contact, sexual harassment, the exchange of sexually explicit communications, the exchange of anything of value for sexual contact, and any sexual relationship — even if characterized as consensual — given the inherent power imbalance between staff and residents in recovery housing. Bullying, physical threats of violence, and/or violent behavior by the provider, staff, or volunteers directed at residents, neighbors, or visitors. Participation in act(s) of patient brokering and/or insurance fraud, which evidences non-compliance with the NARR Quality Standards 3.0 and Code of Ethics. Unresolved neighbor grievances deemed by the AARR Compliance Committee to be non-discriminatory and curable by the provider, evidencing non-compliance with the NARR good-neighbor standards (NARR Standard 30 and 31). Failure of the provider to take consistent and demonstrable actions to adhere to written policies and procedures related to sustaining an alcohol- and drug-free community for residents, which evidences non-compliance with the NARR Quality Standards 3.0

and Code of Ethics. Failure of the provider to follow established protocol(s) to reasonably ensure the safety of all stakeholders when a resident is discharged as the result of a recurrence of use (relapse). This includes the safety of the residents, the safety of the residence community, and the safety of the surrounding neighborhood. The provider's discharge protocol must be approved by AARR and must be presented at the time of application for certification.

Reporting obligations of the owner of record.

Failure of the owner of record to notify AARR Certification staff in writing within seventy-two (72) hours regarding any of the following also constitutes an event of non-compliance: Provider changes to approved policies, procedures, and/or protocols. Opening and/or closure of provider locations. Changes to ownership and/or key staff. Life-threatening events and/or deaths of current residents, whether on property or elsewhere. Criminal charges alleging misconduct by any owner, manager, or staff member. Failure to report and provide a disciplinary action plan for any owner, director, and/or staff member after an instance of recurrence of use (relapse) by that individual.

Agencies to which grievances may be referred.

The AARR Compliance Committee may, at its discretion, refer grievances filed by stakeholders to one or more external agencies, including but not limited to: Division of Provider Services and Quality Assurance (DPSQA) - Placement and Residential Licensing Unit (PRLU Federal Bureau of Investigation Arkansas Attorney General's Office — Consumer Protection Division Arkansas State Police Local law enforcement Local zoning and code enforcement departments Arkansas Division of Correction (ADC) Arkansas Division of Community Correction (ACC) Arkansas Department of Human Services (DHS) — where DHS-funded programs or vulnerable adults are involved Arkansas Department of Health (ADH) — where licensure or public-health concerns are implicated Arkansas Child Abuse Hotline (1-800-482-5964) — where any concern involves a minor Referral to one agency does not preclude referral to additional agencies. AARR retains the discretion to make multiple, parallel referrals where the facts warrant.

_____ I attest I have fully read the AARR auditing policy and our organization will fully comply with timely reporting of all incidents that are applicable.

OTHER POLICIES REFERENCED BY THIS AGREEMENT

_____ I attest our organization is in compliance with each of the following policies, in their entirety, and will remain compliant. AARR Code of Ethics AARR Inclusive Best Practices Policy AARR Medication-Assisted Recovery Policy AARR Second Chance Employer Policy. Each policy appears in full in the chapters that follow.

REPRESENTATIONS & INDEMNIFICATION

The undersigned represents and warrants that (a) they have the right and authority to enter into this Agreement and to perform their respective obligations, and (b) their officers, directors, employees, and agents will comply with all applicable federal, state, and local laws, codes, rules, and regulations. The undersigned will indemnify, defend, and hold harmless AARR and its

respective partners, trustees, beneficiaries, directors, officers, employees, affiliates, and agents from and against any and all claims, loss, damage, liability, and expenses (including reasonable attorneys' fees)occasioned by, or arising out of - directly or indirectly- this Agreement or the breach by the undersigned of any representation or warranty contained in this Agreement, or any act or failure to act by the undersigned in compliance with this Agreement.

EFFECT, AMENDMENT, ASSIGNMENT

This Agreement supersedes any previous documents, correspondence, conversations, or other written or oral understandings between the parties related to this subject matter. No waiver by either party of any breach is deemed a waiver of any other breach. This Agreement cannot be assigned, altered, amended, or modified except in writing, signed and delivered by each party. The Agreement becomes effective upon signature by you and acceptance by AARR. It is binding upon and inures to the benefit of you and AARR and their respective successors and assigns; however, no rights under this Agreement may be assigned by you without the prior written consent of AARR.

SIGNATURE

Acknowledged and agreed.

I hereby acknowledge understanding of the requirements of this AARR Agreement and further affirm that I have authorization to execute this document on behalf of the organization named below.

PRINT NAME

TITLE

LEGAL NAME OF ENTITY

SIGNATURE

DATE

Scan and return signed to the AARR Office.

CHAPTER 04

Code of Ethics.

04 · THE 21 PRINCIPLES

All persons working in AARR Affiliate organizations — recovery residence owners, operators, staff, and volunteers — are expected to adhere to the following Code of Ethics. It is the obligation of all owners, operators, and staff to value and respect each resident and to put each individual's recovery and needs at the forefront of all decision making. 01. Assess each potential resident's needs and determine whether the level of support available within the residence is appropriate. Provide assistance for referral inside or outside of the residence. 02. When a bed is not available, make a reasonable, good-faith effort to help the individual identify placement in another certified recovery residence instead of relying solely on a waitlist. 03. Value diversity and non-discrimination. 04. Provide a safe, homelike environment that meets NARR Standards. 05. Maintain an alcohol- and illicit-drug-free environment. 06. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization. 07. Protect the privacy and personal rights of each resident. 08. Provide consistent and uniformly applied rules. 09. Provide for the health, safety, and welfare of each resident. 10. Address each resident fairly in all situations. 11. Encourage residents to sustain relationships with professionals, recovery support service providers, and allies. 12. Take appropriate action to stop intimidation, bullying, sexual harassment, and/or otherwise threatening behavior of residents, staff, and visitors within the residence. 13. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint. 14. Provide consistent, fair practices for drug testing that promote residents' recovery and the health and safety of the recovery environment, while protecting the privacy of resident information. 15. Provide an environment in which each resident's recovery needs are the primary factors in all decision making. 16. Promote the residence with marketing or advertising supported by accurate, open, and honest claims. 17. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances. 18. Sustain transparency in operational and financial decisions. 19. Maintain clear personal and professional boundaries. 20. Operate within the residence's scope of service and within professional training and credentials. 21. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

ACKNOWLEDGMENT

This Code of Ethics must be read and signed by all those associated with the operation of the recovery residence — owners, operators, staff, and volunteers. Individuals subject to this code are obligated to report unethical practices according to the reporting rules set forth by the affiliate. By signing below, I affirm that I have read, understand, and agree to abide by this Code of Ethics.

LEGAL NAME OF ENTITY

DATE

PRINT NAME AND TITLE

SIGNATURE

DATE

CHAPTER 05

Grievance Policy.

05 · THE POLICY

How concerns are raised.

AARR recognizes the importance of a formalized complaint resolution and grievance process. This process supports recovery and helps to better ensure equitable treatment of all residents and accountability for all certified recovery houses in Arkansas. AARR encourages all complaints and grievances to be addressed at the lowest and most direct level possible. However, concerns or complaints may be addressed either informally or formally. AARR requires all certified recovery homes to advise all residents at orientation of their rights and how to file a grievance. Those attempting to resolve a concern or complaint shall not be threatened, penalized, nor have services negatively affected, nor otherwise be retaliated against as a result.

Rights of residents, neighbors, and applicants

Residents of an AARR-certified recovery house dissatisfied with the local grievance resolution have the right to file a written appeal to the AARR Executive Director, as outlined below. Neighbors, community members, and other stakeholders of certified recovery houses with a legitimate issue regarding operations or conduct may file a complaint with the AARR Executive Director. Recovery housing applicants for AARR certification have the right to appeal any decision regarding their application or subsequent action by the Executive Director with the AARR Board of Directors.

Procedure

If a resident or interested party is unable to obtain or is dissatisfied with a local resolution to a complaint concerning an AARR-certified recovery house or AARR recovery housing staff or volunteers, a grievance may be submitted to the AARR Executive Director. All questions, concerns, and allegations will be properly addressed in a timely manner commensurate with the level of accusation reported, not to exceed five working days from the time the complaint is received.

HOW TO FILE

Complaints must be submitted in writing to the AARR Executive Director. A grievance form is available on the AARR website at narrarkansas.org. Mailed correspondence: AARR, Attn: Executive Director, 400 West Capitol Avenue, Suite 1700, Little Rock, AR 72201.

If the Executive Director does not resolve your grievance to your satisfaction, you may submit an appeal to the AARR Board of Directors within five working days from the time you receive the Executive Director’s written resolution. This appeal must be in writing and mailed to the address above. The decision made by the AARR Board of Directors shall be the final decision for AARR.

Outcome notifications and communications

Written grievances are considered formal complaints and must be handled with written responses. Even when verbal meetings are held, AARR's final response is always in written form. Complaints addressed verbally are considered informal and receive a verbal response. Any informal grievance may advance to a formal grievance at the discretion of the individual or agency making the grievance. It is the desire of the AARR Board of Directors that concerns and grievances can be addressed and resolved in good faith and cooperation between all parties involved.

CHAPTER 06

Inclusive Best Practices.

06 · THE POLICY

Respect, fairness, operator discretion.

Recovery housing exists to provide safe, structured, and recovery-focused living environments. Operators serve individuals from many backgrounds and life experiences, and each residence retains the responsibility to operate in a manner consistent with its mission, values, licensing requirements, and community context. In alignment with NARR Standard 3.0 and Code of Ethics, the following best practices are offered as guidance to assist operators in addressing gender- and identity-related considerations with professionalism, fairness, and integrity — while preserving operator discretion and the core purpose of recovery housing.

PURPOSE

These best practices support recovery residence operators by outlining practical considerations for respectful operations, resident safety, and recovery outcomes. Best practices are not mandates and are not intended to override an operator's established policies, house model, faith orientation, licensing obligations, or population-specific mission. Each provider retains full authority to develop and implement policies appropriate to their residence, using professional judgment and a case-by-case approach grounded in dignity, safety, and recovery support.

Fair Access to Housing

Housing decisions should align with the mission, structure, and population focus of the residence. Excluding an individual solely on the basis of sexual orientation or gender identity is generally discouraged; however, operators retain discretion to make placement decisions based on safety, program fit, house dynamics, and recovery needs. Providers may designate residences for specific populations (e.g., men, women, young adults) and should apply eligibility criteria consistently and respectfully within that framework.

Placement Considerations

When operating gender-specific housing, placement decisions should be made using good-faith professional judgment, considering the individual's stated identity, the structure of the home, safety considerations, and the needs of current residents. If a residence determines it cannot appropriately accommodate an individual, reasonable referral efforts to alternative housing resources should be considered when available. Requests for accommodations or alternate placements should be reviewed individually, without automatic approval or denial.

Privacy, Safety, and House Operations

Operators are encouraged to establish house-wide practices that promote privacy and dignity for all residents. Examples include knock-before-enter expectations, appropriate drug screening procedures, and reasonable privacy measures. Requests for additional privacy or safety considerations may be evaluated case-by-case, balancing individual needs with house operations. Policies should avoid creating unequal rules that disrupt consistency or recovery structure unless clearly justified.

Equal Access to Recovery Supports

Residents should have access to recovery programming, responsibilities, and privileges consistent with house rules and expectations. Expectations should be based on behavior, participation, and recovery progress — not personal characteristics unrelated to recovery or safety.

Policies and Resident Agreements

House rules, Resident Agreements, and Staff Codes of Conduct should clearly communicate expectations related to respectful behavior, safety, and recovery-oriented living. Policies should emphasize personal responsibility, mutual respect, and accountability within the recovery environment.

Handling Concerns and Complaints

All concerns should be reviewed with attention to observable behavior, safety, and policy compliance. Complaints rooted in assumptions, stereotypes, or fear — rather than conduct — should be addressed through clarification, education, or mediation when appropriate. Operators should acknowledge concerns while retaining discretion over outcomes consistent with house policy and professional judgment.

Respecting Personal Information

Intake and assessment processes should prioritize information necessary for placement, safety, and recovery support. Questions related to gender identity or sexual orientation should be limited to situations where they are relevant to housing placement or service delivery. Personal information should be handled confidentially and shared only as necessary and appropriate.

Confidentiality Practices

Operators should maintain clear privacy and confidentiality practices consistent with ethical standards and applicable laws. Residents retain control over personal disclosures, and sensitive information should not be shared without appropriate justification or consent.

Names and Identifiers

Staff and residents are encouraged to address individuals using the names or identifiers they request in interpersonal interactions, where practicable. If errors occur, they should be corrected respectfully. Documentation may include both legal identifiers and preferred names where appropriate for clarity and record-keeping.

Addressing Disrespectful or Disruptive Behavior

All residents are expected to interact respectfully and in a manner supportive of recovery. Harassment, intimidation, or derogatory conduct should be addressed promptly in accordance with house rules. Responses may include mediation, corrective action, reassignment, or discharge depending on the severity and impact of the behavior.

Access to Recovery-Aligned Resources

Residents should be supported in accessing recovery meetings and services consistent with their recovery goals and the philosophy of the residence. Operators may exercise discretion in determining which external resources align with their program's structure and standards.

Ethical Considerations

Practices intended to coerce, shame, or improperly influence an individual's personal identity — including sexual orientation or gender identity — are discouraged, as they may undermine recovery and resident safety. Recovery housing should remain focused on stability, accountability, and recovery support, avoiding interventions unrelated to those aims. Any indication of unsafe, unethical, or inappropriate practices should be addressed through established oversight and accountability mechanisms.

CLOSING

Strong recovery housing is built on clear expectations, consistent structure, respect, and sound judgment. These best practices are offered as a resource to help operators navigate complex situations while preserving autonomy, mission integrity, and resident safety. Providers are encouraged to periodically review their policies, seek training as appropriate, and apply these principles in ways that best serve their communities and recovery goals.

CHAPTER 07

Medication-Assisted Recovery Policy.

07 · THE POLICY

MAR in recovery housing.

This policy establishes clear, consistent guidelines regarding Medication-Assisted Recovery (MAR), also commonly referred to as Medication-Assisted Treatment (MAT), within recovery residences. It ensures compliance with NARR Standard 3.0 while preserving the autonomy of individual recovery residences to operate in a manner consistent with their recovery philosophy, operational capacity, and the safety and wellbeing of all residents.

I. Guiding principles

Recovery residences recognize MAR as an evidence-based treatment option for substance use disorders. Recovery residences may operate under differing recovery philosophies, including abstinence-based models and other recovery-oriented approaches, consistent with NARR standards. Residents utilizing MAR shall be treated with dignity and respect and held to the same behavioral expectations, rules, and accountability standards as all other residents. Decisions regarding admission, placement, or continued residency should not be made solely on the basis of MAR participation.

II. Non-discrimination and admission decisions

Recovery residences shall clearly communicate their policies regarding MAR at first opportunity. When an individual is unable to pursue their recovery within the model, structure, or operational capacity of a particular residence, staff should make reasonable efforts to assist the individual in identifying alternative recovery housing or services that may be more appropriate. It is discouraged to deny or terminate residency solely because an individual is prescribed or participating in MAR. Admission decisions may be made based on a holistic, case-by-case assessment of: The residence's recovery model and program structure Operational capacity and staffing Ability to safely manage medications Impact on the safety, stability, and integrity of the home A residence may determine that it is unable to safely accommodate a resident's medication regimen due to legitimate operational, staffing, safety, or infrastructure limitations. When MAR cannot be accommodated, denial of admission or referral to an alternative placement shall be based on capacity and safety considerations, not philosophical opposition to MAR.

III. Equal treatment and resident expectations

Residents utilizing MAR shall be subject to the same house rules, expectations, privileges, and consequences as all other residents — and shall not receive special privileges, exemptions, or

restraints based solely on MAR participation. MAR participation does not exempt a resident from compliance with behavioral standards, sobriety expectations specific to the residence's recovery model, or program participation requirements.

IV. Medication safety and management requirements

If a recovery residence elects to accept residents utilizing MAR, the residence must have the capacity to implement the following safeguards.

Staff training

Staff and/or designated personnel shall receive training appropriate to the safe management, documentation, and oversight of medications.

Medication documentation

A current medication list shall be maintained for each MAR resident. Medication logs shall be maintained in accordance with residence policy. Medication inventory records shall be maintained to monitor quantities and usage.

Secure storage

Medications shall be securely stored in a manner that prevents unauthorized access, diversion, or misuse. When applicable, medications shall be provided and stored in blister packs or other tamper-resistant packaging.

Diversion prevention

Procedures shall be in place to prevent residents from accessing medications not prescribed to them. Policies shall address suspected diversion, misuse, or non-compliance.

> **NALOXONE REQUIREMENT**
>
> All certified recovery residences must maintain naloxone on-site, ensure that staff receive appropriate training in its use, and promote participation in naloxone distribution and discharge programs for residents. This is a core safety measure consistent with other mandated health and safety protections.

V. Capacity limitations and program integrity

Recovery residences are not required to accept MAR residents if they lack the reasonable capacity to meet the medication management and safety requirements above. Factors that may limit capacity include insufficient staffing or training resources, inability to safely store or manage medications, financial constraints impacting compliance, and risk to resident safety or program stability. When a residence determines it cannot safely accommodate MAR, such determination shall be documented and based on operational considerations rather than the mere presence of MAR.

VI. Distinction between MAR acceptance and residence eligibility

Acceptance of MAR does not obligate a residence to accept all forms, delivery methods, or medication regimens. Residences may determine which medication protocols are compatible with their specific program structure and safety requirements. Decisions regarding compatibility shall be consistently applied and grounded in documented policy and operational considerations.

VII. Review and oversight

This policy shall be reviewed periodically to ensure continued alignment with NARR standards and best practices. Individual residences may adopt additional procedures consistent with this policy, provided such procedures do not conflict with NARR Standard 3.0.

POLICY SUMMARY

This policy affirms access to recovery housing without discrimination based solely on MAR participation while recognizing that recovery residences must retain discretion to operate safely, responsibly, and in alignment with their recovery model and operational capacity, consistent with NARR Standard 3.0.

CHAPTER 08

Standard-Specific Waiver Policy.

08 · THE POLICY

When a specific standard may be waived.

AARR requires that all recovery residences operating within an organization be certified through the AARR certification process. Each residence must substantially comply with NARR Standard 3.0. AARR recognizes that some residences operate under additional state or regulatory licensure that may not align precisely with every individual NARR standard. In these limited circumstances, AARR may approve standard-specific waivers within the certification, provided that the residence otherwise meets the intent, core principles, and essential requirements of AARR certification.

IMPORTANT

Certification of the residence is not waived. Only specific standards may be considered for waiver under the conditions outlined below.

Eligibility for a standard-specific waiver

A standard-specific waiver may be considered when all of the following conditions are met: The residence is subject to another active licensure and/or certification issued by a recognized regulatory or accrediting authority. The residence meets all core AARR principles and standards within the following domains: Domain 1 (Administrative & Operational), Domain 3 (Recovery Support), and Domain 4 (Good Neighbor). Within Domain 2 (Physical Environment), the residence meets all health, safety, and habitability standards that directly affect the physical condition and safety of the home, including functional utilities, structural integrity, cleanliness and good repair, and conditions that protect the physical safety and well-being of residents.

Scope of allowable waivers

AARR may grant a waiver for specific standards where compliance with NARR Standard 3.0 would directly conflict with requirements of another applicable licensure or certification, provided the waived standard does not compromise resident health, safety, recovery integrity, or community impact. In such cases, the waiver acknowledges and defers to the requirements of the alternate licensing or certifying authority.

Examples of standards that may be considered

Resident-to-bathroom ratios Resident-to-bedroom ratios Storage configuration requirements Appearance, style, or type of furnishings

NOT ELIGIBLE

Waivers will not be granted for standards related to safety, ethical operations, resident rights, recovery support, or community responsibility.

Application requirements

At the time of application, the organization must submit: A written request identifying the specific standard(s) for which a waiver is requested, including detailed justification. Written documentation outlining the applicable standards or requirements of the alternate licensing or certifying authority. Any additional documentation requested by AARR to evaluate compliance and equivalency.

Approval, certification, and oversight

All standard-specific waivers are subject to review and approval by the AARR Board. Residences granted approved waivers: Remain fully AARR certified. Are subject to all applicable AARR fees, monitoring, review, and oversight. Must continue to meet all non-waived standards and all core AARR requirements. Certification is granted at the organizational level. If any residence within an organization fails to meet AARR certification requirements and does not have an approved standard-specific waiver, the organization will not be eligible for AARR certification.

CHAPTER 9

Background Check & Second-Chance Hiring.

09 · THE POLICY

Safety, accountability, fair employment.

Purpose

This policy establishes the organization's commitment to maintaining a safe, ethical, and recovery-oriented environment while affirming its mission as a second-chance organization. The organization believes that accountability, structure, and grace are not competing values, but complementary principles that support lasting transformation.

Background check requirement

To ensure the safety and wellbeing of residents, staff, volunteers, and the broader community, all recovery house owners, managers, employees, volunteers, and contractors must successfully complete a criminal background check prior to beginning service and as required thereafter. Background checks will be conducted in accordance with applicable state and federal laws. Results will be reviewed on an individualized basis to determine suitability for service — considering the nature of the offense, time elapsed, evidence of rehabilitation, and the relevance of the offense to the role. Individuals with convictions involving violent crimes, sexual offenses, abuse, neglect, exploitation, or financial misconduct may be prohibited from working in or operating a recovery residence — particularly in roles involving vulnerable populations, access to finances, or unsupervised authority. Failure to comply with this requirement may result in denial of placement, termination, or removal from duties.

Compliance with state regulations for registered sex offenders

If the organization elects to employ an individual required to register as a sex offender, such employment shall be strictly conditioned upon the individual's full compliance with all applicable Arkansas and federal laws and regulations governing registration, supervision, residency, employment restrictions, and reporting requirements. The individual must maintain compliance at all times during employment. Failure to adhere to any required legal or regulatory obligations may result in immediate disciplinary action, up to and including termination of employment.

NOTE

WHEN RETAINING AN EMPLOYEE WITH A COVERED CONVICTION In the event an operator has an employee who has any of the above-mentioned convictions and chooses to retain that employee, the organization shall have a written Second-Chance Hiring Policy. An example template follows below.

Example: commitment to second-chance hiring

[Organization name] is a second-chance organization. It affirms that individuals can and do change, and that meaningful employment is a critical component of recovery, stability, and successful reintegration. Accordingly, the organization requires the adoption and implementation of a Second-Chance Hiring Policy that: Does not automatically disqualify individuals solely on the basis of a criminal history. Evaluates applicants individually, considering rehabilitation, accountability, and alignment with the mission and responsibilities of the position. Ensures compliance with all applicable laws and regulatory requirements. Balances opportunity with appropriate safeguards to protect residents, staff, and the organization. This commitment extends not only to the residents and clients served, but also to staff and team members who support the recovery mission.

Safety, accountability, and standards

The organization does not take the responsibility of second chances lightly. High standards of professionalism, ethical conduct, and legal compliance are upheld in every area of operation. All staff and residents are required to adhere strictly to state and federal laws, organizational policies, and behavioral expectations. Second chances are paired with accountability, supervision, and clear boundaries. Safety is never compromised in the name of opportunity. Should the organization hire an individual with a prior aforementioned conviction, the following Public Notice Statement (or substantially similar notice) will be posted on all properties within the organization.

Public notice statement

NOTE

A COMMITMENT TO SECOND CHANCES AND SAFETY At [Organization name], we are a second-chance organization. We believe that every individual — regardless of their past — deserves the opportunity to grow, change, and rebuild their life. This commitment extends not only to the residents and clients we serve, but also to the dedicated staff who walk alongside them.

In day-to-day operations, this belief may mean that you are seated next to someone with a felony record, working alongside someone who has previously

been incarcerated, or interacting with individuals who are currently under supervision — or who are classified as level I or II sex offenders.

While this may feel unfamiliar or even unsettling at first, we want to be clear: [Organization name] does not take the responsibility of second chances lightly. We uphold a high standard of excellence in every area of our organization. We require all residents and staff to adhere strictly to state and federal laws. Our commitment to second chances is never at the expense of safety. In fact, we believe safety and redemption go hand in hand. [Organization name] exists to be a place where lives are transformed — and that transformation is rooted in accountability, structure, and grace.

CHAPTER 10

Fee Schedule.

10 · REFERENCE SUMMARY

What it costs.

AUTHORITATIVE SOURCE

This chapter is a reference summary. The standalone AARR Fee Schedule Policy (v1.0, effective April 2026) is the authoritative document. In any conflict between this summary and the standalone policy, the standalone policy controls.

PURPOSE

This policy establishes a transparent and consistent fee schedule for organizations and recovery residences seeking certification or credentialing through AARR. Fees support the administrative, review, and certification activities required to maintain compliance with AARR and NARR standards. This applies to all organizations and recovery residences applying for certification through AARR.

FEE	AMOUNT	WHEN DUE	WHAT IT COVERS
Application Fee	$150	At mutual agreement to begin the certification process	Initial administrative intake, preliminary review, and initiation of the certification process
Organizational Credentialing Fee	$300	At the start of the certification process	Organizational review, policy and documentation evaluation, and administrative oversight
Per-Residence Certification Fee	$200/ house	Upon certification of each individual home	Certification of each recovery residence operating under the organization

NONPAYMENT

All fees must be paid in full according to the timelines outlined above. Failure to submit required fees may result in delays, suspension of the certification process, or denial of certification.

NON-REFUNDABLE

All fees are non-refundable, including in cases of withdrawal, denial, or failure to complete the certification process. The certification process will not begin until the application fee has been received, and certification will not be issued or finalized until all applicable fees have been paid.

AMENDMENTS

The Board of Directors reserve the authority to review and amend the fee schedule as necessary to ensure fees remain aligned with operational costs, regulatory requirements, and the sustainability of the organization. Any changes in the fee schedule will be formally approved by the Board and documented through a written amendment that includes the effective date of the change. All amendments will be maintained as part of policy to ensure transparency and clear communication to stakeholders.

CHAPTER 12

Reviewer Inspection Checklist.

12 · THE INSTRUMENT

Reviewer Assessment against NARR 3.0.

This is the assessment tool for the phase four, on-site walk-through, assessment. Scores of 1 or 2 requires comments and a Quality Improvement Recommendation.

Inspection header

RESIDENCE NAME	RESPONSIBLE STAFF NAME
ADDRESS	REVIEW DATE
LEVEL (I / II / III)	LEAD REVIEWER
CO-REVIEWER	OTHER

SCORING KEY

1 — Not Acceptable • 2 — Needs Improvement • 3 — Acceptable • D — Doesn't Apply. Comments are required for any item scored 1 or 2.

DOMAIN 1

Administrative & Operational.

PRINCIPLE A · OPERATE WITH INTEGRITY

STANDARD 1 · Use mission and vision as guides for decision making.

a. A written mission that reflects a commitment to those served and identifies the population served which, at a minimum, includes persons in recovery from a substance use disorder. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. A vision statement that is consistent with NARR's core principles. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 1)

STANDARD 2 · Adhere to legal and ethical codes and use best business practices.

a. Documentation of legal business entity (e.g., incorporation, LLC documents, business license, or other required government documentation). (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Documentation that the owner/operator has current liability coverage and other insurance appropriate to the level of support. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Written permission from the property owner of record (if the owner is other than the recovery residence operator) to operate a recovery residence on the property. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. A statement attesting to compliance with nondiscriminatory state and federal requirements. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

e. Operator attests that claims made in marketing materials and advertising will be honest and substantiated and that it does not employ misleading practices. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

f. Policy and procedures that ensure that appropriate background checks are conducted for all staff who will have direct and regular interaction with residents. (Not required for L1, Required for L2, L3, Recommended for L4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

g. Policy and procedures governing paid work arrangements with residents, ensuring all listed protections are met. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

h. Staff must never become involved in residents' personal financial affairs, except agreements regarding payment of fees. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

i. A policy and practice that provider has a code of ethics aligned with AARR/NARR and signed by all associated individuals. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

j. Signed AARR Assurance Form and Compliance Agreement submitted at certification or re-certification. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 2)

STANDARD 3 · Be financially honest and forthright.

a. Prior to acceptance of funds, applicants are informed in writing of all fees and charges and sign acknowledgment. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Use of an accounting system documenting all resident financial transactions, with ability to produce clear statements. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Policy documenting residents are informed of refund policies prior to agreement. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Residents are informed of payments from third-party payers on their behalf. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 3)

STANDARD 4 · Collect data for continuous quality improvement.

a. Policies and procedures regarding collection of resident information that protect identity and are used for continuous quality improvement. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 4)
PRINCIPLE B · UPHOLD RESIDENTS' RIGHTS

STANDARD 5 · Communicate rights and requirements before agreements are signed.

a. Written agreement includes resident rights, financial obligations, services provided, recovery goals, relapse policies, and property policies, and is placed in file. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 5)

STANDARD 6 · Protect resident information.

a. Policies and procedures keep resident records secure with access limited to authorized staff. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Policies comply with applicable confidentiality laws. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Policies (including social media) protect resident and community privacy and confidentiality. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 6)
PRINCIPLE C · CREATE A CULTURE OF EMPOWERMENT

STANDARD 7 · Involve residents in governance.

a. Evidence that some rules are made by the residents that the residents (not staff) implement. (Required at L1, L2, Recommended for L3, L4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Grievance policy and procedures, including right to take unresolved grievances to oversight organization; reviewed upon entry or hire and posted in common areas. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Verification that written resident rights and requirements are posted or available in common areas. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Policies and procedures that promote resident-driven length of stay. (Required at L1, L2, Subject to state requirements at L3, L4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

e. Evidence residents have opportunities to be heard in governance of the residence while final decisions remain with the operator. (Not required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 7)

STANDARD 8 · Promote resident involvement in a developmental approach to recovery.

a. Peer support interactions among residents are facilitated to expand responsibility for personal and community recovery. (Not required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Written responsibilities, role descriptions, guidelines, and/or feedback for residence leaders. (Recommended at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Evidence that residents' recovery progress and challenges are recognized and strengths are celebrated. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 8)

PRINCIPLE D · DEVELOP STAFF ABILITIES

STANDARD 9 · Staff model and teach recovery skills and behaviors.

a. Evidence management supports staff maintaining self-care. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Evidence staff are supported in maintaining appropriate boundaries according to a code of conduct as well as maintaining an alcohol- and drug-free workplace. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Evidence staff are encouraged to have a network of support. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Evidence staff model genuineness, empathy, respect, support, and unconditional positive regard. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 9)

STANDARD 10 · Ensure potential and current staff are trained or credentialed appropriate to residence level.

a. Policies value leadership trained in the Social Model and best practices. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Policies and procedures for acceptance and verification of certifications when appropriate. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Staffing plan demonstrates continuous development for all staff. (Recommended at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 10)

STANDARD 11 · Staff are culturally responsive and competent.

a. Policies and procedures serve the priority population, including persons in recovery from substance use. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Cultural responsiveness and competence training or certification provided. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 11)

STANDARD 12 · All staff positions are guided by written job descriptions that reflect recovery.

a. Job descriptions include responsibilities and certification/licensure or lived experience requirements. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Job descriptions require staff to facilitate access to local community-based resources. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Job descriptions include knowledge, responsibility, skills, abilities, and eligibility to deliver services consistent with recovery principles. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 12)

STANDARD 13 · Provide Social Model–oriented supervision of staff.

a. Policies and procedures support ongoing performance development appropriate to roles and residence level. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Evidence management acknowledges staff achievements and professional development. (Recommended at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Evidence supervisors create a positive, productive work environment. (Not Required at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 13)

DOMAIN 2
Physical Environment.

PRINCIPLE E · THE RESIDENCE IS COMFORTABLE AND INVITING

STANDARD 14 · The residence is comfortable, inviting, and meets residents' needs.

a. Verification that the residence is in good repair, clean, and well maintained. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Verification that furnishings are typical of those in single family homes or apartments rather than institutional settings. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Verification that entrances and exits are home-like and unobstructed, with minimally two operational exits and functional windows where required. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Verification of at least 50 square feet per bed per sleeping room; working window present if fire exits unavailable. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

e. Verification of at least one sink, toilet, and shower per six residents, all clean and fully functional. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

f. Verification that each resident has personal item storage including dresser, hanging area, and reasonable space per bed. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

g. Verification that residents have food storage, safe food prep areas, clean appliances, fresh water access, and accommodations for dietary needs. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

h. Verification that laundry services are accessible to all residents. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

i. Verification that all appliances are in safe, working condition. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 14)

STANDARD 15 · The living space is conducive to building community.

a. Verification that meeting space accommodates all residents. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Verification that comfortable group areas support activities and socializing. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Verification that kitchen and dining areas accommodate shared meals. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Verification that recreational or entertainment areas promote social engagement. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 15)
PRINCIPLE F · PROMOTE A SAFE AND HEALTHY ENVIRONMENT

STANDARD 16 · Provide an alcohol and illicit drug free environment.

a. Policy prohibits alcohol and illicit drug use or seeking for staff and residents. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Policy lists prohibited items and procedures for associated searches. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Policy and procedures for drug screening and/or toxicology protocols. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Policy addressing prescription and non-prescription medication usage and storage consistent with residence level and state law. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

e. Policies encourage residents to take responsibility for safety and health of self and peers. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 16)

STANDARD 17 · Promote Home Safety.

a. Operator attests that electrical, mechanical, and structural components are functional and hazard-free. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Operator attests that the residence meets local health and safety codes or has inspection documentation from a recognized agency/institution that the residence meets health and safety standards. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Safety inspection policy in place and requires periodic verification of smoke detectors, CO detectors, fire extinguishers, drills, and first aid kits. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Verification of electrical safety (outlets, lighting, no hazards). (Letter of clearance from a licensed electrician or contractor.) (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

e. Verification of plumbing (no major leaks or sewage issues). (Letter of clearance from a licensed plumber or contractor.) (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

f. Verification of ceiling conditions (no hazardous defects). (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

g. Verification of wall conditions (structurally sound). (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

h. Verification of floor conditions (safe and sound). (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

i. Verification of interior stairs and handrails; halls free of hazards. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

j. Verification of windows in working condition and secure. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

k. Verification of absence of other interior hazards. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

l. Verification of exterior safety, lighting, walkways, trash containment. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 17)

STANDARD 18 · Promote Health.

a. Policy regarding smoke-free living environment or designated smoking areas. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Policy regarding exposure to bodily fluids and contagious disease. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 18)

STANDARD 19 · Plan for emergencies including intoxication, withdrawal, and overdose.

a. Emergency numbers, procedures, and evacuation maps are posted. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Emergency contact information collected from residents. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Residents oriented to emergency procedures. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Naloxone accessible in each residence and staff/residents trained in use. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 19)

DOMAIN 3

Recovery Support.

PRINCIPLE G · FACILITATE ACTIVE RECOVERY AND RECOVERY COMMUNITY ENGAGEMENT

STANDARD 20 · Promote meaningful activities.

a. Documentation residents are encouraged to engage in work, school, volunteering, mutual aid, activities, or programming appropriate to level. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 20)

STANDARD 21 · Engage residents in recovery planning and development of recovery capital.

a. Evidence residents participate in individualized recovery planning including exit strategy. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Evidence residents increase recovery capital through supports, work, or service. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Written criteria for peer leadership and mentoring roles expectations. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 21)

STANDARD 22 · Promote access to community supports.

a. Resource directories available to residents. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Staff or resident leaders educate residents about community resources. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 22)

STANDARD 23 · Provide mutually beneficial peer recovery support.

a. Weekly schedule details recovery support services and activities. (Recommend at L1, Required at all L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Evidence peer-to-peer support is facilitated and encouraged. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 23)

STANDARD 24 · Provide recovery support and life skills development services.

a. Structured, scheduled, curriculum-driven, life skills development support services are provided by trained staff. (Not required at L1-2, Required at L3-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Ongoing training and performance support provided for staff. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 24)

STANDARD 25 · Provide clinical services in accordance with state law (if applicable).

a. Evidence that the program's weekly schedule includes clinical services. (Not required at L1-2, Standard may be subject to state requirement for L3, Required for L4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 25)
PRINCIPLE H · MODEL PROSOCIAL BEHAVIORS

STANDARD 26 · Maintain a respectful environment.

a. Evidence staff and residents model empathy, respect, and positive regard. (Recommended at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Trauma-informed or resilience-promoting practices are prioritized. (Recommended at L1-2, Required at L3-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Mechanisms exist for residents to inform operations and advocate for community building. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 26)
PRINCIPLE I · BELONGING AND RESPONSIBILITY

STANDARD 27 · Sustain a functionally equivalent family.

(At least 50% required) (Required at all levels) a. Residents involved in food preparation b. Residents have voice in housemates c. Residents help maintain and clean home d. Residents share household expenses e. Weekly community meetings held f. Residents have access to common areas ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 27)

STANDARD 28 · Foster ethical, peer-based mutually supportive relationships.

a. Informal engagement encouraged. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Formal activities required. (Not required at L1-2, Required at L3-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENT

c. Community gatherings or recreational events occur. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Transition rituals promote belonging and progressive responsibility. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 28)

STANDARD 29 · Connect residents to the local community.

a. Residents linked to mutual aid and recovery activities and advocacy. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Residents sustain relationships with mentors or sponsors. (Recommended at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Residents attend mutual aid or equivalent services in the community. (Recommended at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

d. Residents formally linked to employment, education, health, family services, or housing services. (Recommended at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

e. Residents and staff engage in community relations to promote goodwill. (Recommended at L1, Required at L2-4) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

f. Residents are encouraged to sustain relationships inside and outside the residence. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 29)

DOMAIN 4

Good Neighbor.

PRINCIPLE J · BE A GOOD NEIGHBOR

STANDARD 30 · Be responsive to neighbor concerns.

a. Policies provide neighbors with responsible contact information upon request. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Policies require response to neighbor concerns. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

c. Resident and staff orientations include neighbor interaction guidance. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

SECTION COMMENTS (STANDARD 30)

STANDARD 31 · Have courtesy rules.

a. Preemptive policies address smoking, loitering, offensive language, and cleanliness. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS

b. Parking courtesy rules documented. (Required at all levels) ☐ 1 ☐ 2 ☐ 3 ☐ D

COMMENTS
SECTION COMMENTS (STANDARD 31)
QUALITY IMPROVEMENT

Quality Improvement Recommendations (QIR).

Required for any item scored 1 or 2.

ITEM #	SCORE	QIR RECOMMENDATIONS

Corrections Verification

Required for any item scored 1 or 2.

ITEM #	METHOD VERIFIED	DATE	VERIFIED BY

REVIEWER RECOMMENDATION TO AARR

☐ YES — Recommended for good standing ☐ YES — With Quality Improvement Corrections ☐ NO — Not recommended

CO-REVIEWER COMMENTS
CO-REVIEWER SIGNATURE AND DATE
LEAD REVIEWER COMMENTS
LEAD REVIEWER SIGNATURE AND DATE
DOCUMENT CONTROL

Approval & version history.

Sharon Garrett · Board Chair · Jim Baugh · Executive Director

VERSION HISTORY

Revision tracking.

VERSION	DATE	CHANGES	AUTHOR
1.0	April 4,2026	Initial release. Reformatted to AARR Document Style Guide v1.0; consolidated welcome, certification phases, formal Agreement, Code of Ethics, and supporting policies into a single operator manual.	JB

VERSION	DATE	CHANGES	AUTHOR
1.1	May, 2026	Board-aligned restoration. Restored Compliance Agreement attestations under Facilitate Recovery Engagement and Cultivate Community core principles, plus the four specific attestations under Promote a Healthy Environment that had been dropped in v5. Restored full 31-standard NARR 3.0 Reviewer Inspection Checklist with original 1/2/3/4 scoring key. Preserved newly approved Notice to Providers chapter. Updated headquarters address (400 W. Capitol Ave, Little Rock), Executive Director (Jim Baugh), and AARR virtual office number (501-359-5624). Standardized terminology to “certified” throughout. Routed grievances to Executive Director.	JB