

# Recovery House Toolkit



Practical Medication  
Management guide



166 Valley St. Ste. 105 Providence, RI 02909  
401-475-2960 | [operations@ricares.org](mailto:operations@ricares.org)



**This toolkit works alongside the detailed “Building a Medication Supportive House Culture: Comprehensive Medication Management Handbook for Recovery Houses.”**

This toolkit is for house owners, operators, and managers. It gives you clear, helpful steps for handling medication situations every day. This toolkit focuses on the important policies and procedures that houses can start using right away. The goal is to create places that support people who take prescription medications while keeping everyone safe and following federal laws that protect people’s rights.

This document suggests “best practices” to help guide a house’s decisions. Every house culture is different and will adapt these best practices to its own needs.

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# SECTION 1: Building a Medication Supportive House Culture

## A Culture is more important than rules

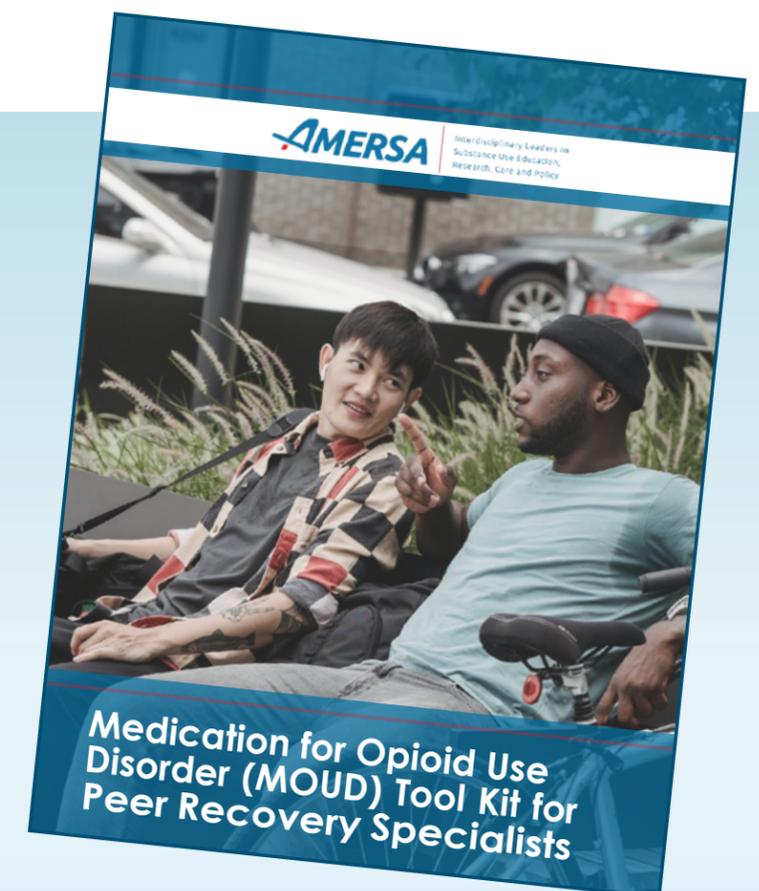
Today's recovery movement knows that people can recover in many different ways. Medication-assisted recovery is a real and helpful approach. Groups like Faces & Voices of Recovery fight against shame about medications and support all types of treatment that science shows works. SMART Recovery focuses on treatments based on science, including medical help when it's needed. Alcoholics Anonymous says in their "We Are Not Doctors" statement that any medication given by a licensed doctor is a legitimate part of recovery. Recovery houses should use this understanding to create supportive places for all residents, no matter how they choose to recover.

SAMHSA (the government agency that handles substance use and mental health) and NARR (the national group for recovery houses) have clearly said that keeping people out of recovery housing because they take prescription medications breaks federal laws. The same is true for asking residents who already live there to stop taking or change their prescribed medications.

Years of research shows that methadone and buprenorphine work well for treating opioid addiction. These medications help people manage cravings and withdrawal symptoms. This lets people focus on other important parts of recovery, like fixing relationships, getting jobs, and learning healthy ways to cope. In the past, some people in the recovery community have rejected these medications because they didn't understand them. Now we know that medication-assisted treatment saves lives by reducing overdose deaths, crime, and HIV spread. It also helps people stay in treatment longer and live better lives.

For questions about medications for Opioid Use Disorder, see this toolkit developed for Peer Recovery Specialists:

<https://amersa.org/wp-content/uploads/amersa-moud-toolkit.pdf>



# SECTION 1: Building a Medication Supportive House Culture

How people treat each other daily matters more than written policies. Everyone has a role:

## House Owners:

- Set the tone by supporting all paths to recovery
- Talk about why medication stigma is harmful
- Adopt clear non-discrimination policies

## House Leaders:

- Model acceptance of all recovery paths
- Use respectful language about medications
- Stop peer pressure about medication right away when you see it



## Residents:

- Challenge stigma when you hear it
- Support each other's recovery choices
- Don't talk about your own or other residents' prescriptions

Everyone can explain the “why” behind policies:

- Secure storage prevents temptation for everyone
- Privacy protects everyone's medical information and avoids triggering other residents
- Rules support everyone's recovery, not just one person's

**Reminder:** *Your job is to help everyone understand that medication rules are not made to control people or make things harder. These rules help everyone in the house stay safe and focused on their recovery. When medications are locked up safely, it keeps everyone away from temptation, not just the person who takes the medication. When we keep medication information private, we protect everyone's personal health information. This also stops talk that might cause cravings or bring back bad memories for other people in the house. When everyone follows the same rules, it makes things fair for everyone. This helps the whole house, not just one person.*

# SECTION 1: Building a Medication Supportive House Culture

## B Recovery House Resident Medication Rights

A copy of these rights should be given to every resident as part of their intake.

Recovery house applicants and residents have the following rights:

### The Right to Non-Discrimination

- You have the right not be denied housing because you take prescribed medications
- You have the right to be treated the same as other residents
- The Right to Make Your Own Medical Decisions
- You have the right to make your own medical choices with your doctor
- You have the right to not be pressured to change or stop prescribed medications
- You have the right to receive any medical treatment prescribed by a qualified healthcare professional

### Privacy

- You have the right to keep your medication information private from other residents

### Safe Storage

- You have the right to secure, private storage for your medications
- You have the right to access your medications as prescribed
- You have the right to have house staff not touch your medications

## Inclusive Recovery

- You have the right to participate in a house culture that supports all types of recovery
- You have the right to join recovery activities where your medication use is accepted

## Fair Treatment

- You have the right to not be discharged just for taking medications as prescribed
- You have the right to dispute false positive urine test results
- You have 5 days to provide official documentation of a prescription after hospitalization or other medical treatment
- You have the right to appeal discharge decisions that seem unfair

## C Filing a Complaint

You can report discrimination, privacy violations, or inadequate accommodations to RICARES. To file a complaint about a RICARES-certified recovery house in Rhode Island, call RICARES at **(401) 475-2960** or submit a written complaint via their website at [ricares.org](https://www.ricares.org). RICARES handles complaints by offering solutions like referring residents to other agencies, providing mediation, implementing quality improvement plans for operators, gathering information for problem-solving, and offering voluntary relocation to another certified home.



# SECTION 2:

## Day One: Starting In the House

### A Intake Process

The day someone moves in, house leaders should:

- Meet privately with the resident to ensure confidentiality
- Review the house's written medication policy
- Explain how medication rules support everyone's recovery
- Ask the resident to sign a waiver allowing communication with their medical providers
- Obtain a complete list of the resident's current prescription medications
- Obtain a complete list of the resident's current over-the-counter medications (medicines you can buy without a prescription)
- Watch resident count all medications and document count
- Fill out the residents medication management worksheet supplied by 942 STOP
- Provide residents a copy of their rights regarding medications in recovery houses
- Provide list of medication friendly recovery supports

**Reminder:** All medication conversations must be private. Every discussion about a resident's medications must take place in private with only the resident and house leaders. No medication discussions should ever happen where other residents can overhear.

### B Medication Storage

Different Recovery houses have different policies about what medications should be stored in secure locations. In some houses, all medications – prescription and non-prescription—are stored. In other houses, only prescription medications are stored. These choices reflect house culture and resources. In all cases, every house resident should have secure, private storage for their medications.

#### Basic requirements:

- Medication storage is available immediately (no waiting period)
- The house will temporarily provide storage if the resident can't afford their own
- Only the resident and house owner/manager have access
- The house medication setup protects privacy (residents can access their medication without other residents seeing)
- All medications are stored out of site
- Leaving any medication, prescription or not, in plain view is a serious violation of written house rules

#### Storage options:

- Individual lockboxes in private rooms
- Common area lockers with privacy rules (only one person can access lockers at a time)
- Enhanced security for high-risk medications (full agonist opioids and benzodiazepines)
- Residents can carry one dose of emergency medications (like inhalers or EpiPens) with them.

# SECTION 2:

## Day One: Starting In the House

### C Extra Security for Higher Risk Medications

Some medications are more dangerous and can cause overdoses more easily. Houses may need extra security measures for two types of higher-risk medications: full agonist opioids and anti-anxiety/sleep aid medications called benzodiazepines.

**Remember:** Houses cannot ban or discourage these medications.

### WHAT ARE THESE HIGH-RISK MEDICATIONS?

#### Full Agonist Opioids include:

- Methadone
- Oxycodone (OxyContin, Percocet)
- Hydrocodone (Vicodin, Norco)
- Morphine
- Fentanyl patches
- Codeine
- Tramadol

**Note:** Suboxone/buprenorphine is NOT in this high-risk category and has a low overdose risk. It does not require extra security measures.

#### Anti-anxiety/sleep aid medications (benzodiazepines) include:

- Alprazolam (Xanax)
- Lorazepam (Ativan)
- Diazepam (Valium)
- Clonazepam (Klonopin)
- Chlordiazepoxide (Librium)
- Temazepam (Restoril)

Additionally some medications are low overdose risk on their own, but are higher risk when combined with alcohol or opioids:

- Seroquel
- Trazodone
- Ambien
- Other sleep aids

### EXTRA SECURITY MEASURES HOUSES CAN USE INCLUDE:

#### Off-site Administration:

- Work with external providers (such as a Certified Community Behavioral Health Clinic)
- Off-site dosing
- Only when onsite storage is not possible safely

#### More Secure Storage:

- House safe instead of personal lockbox
- Locked cabinet in manager's locked office (medications stored behind multiple locks)
- Enhanced lockboxes with better security features

#### Staff-Controlled Access:

- Only house staff have keys or combinations
- Residents get their medications only when staff is present
- Staff watch but don't touch the medications

- Residents take these medications in a private office or designated area
- Residents takes these medications exactly as prescribed

#### Regular Monitoring:

- More frequent urine tests to check medication adherence
- More frequent (including daily) medication counts
- Written documentation of all activities

These extra measures can help keep everyone safe while still allowing people to take their prescribed medications.

#### Reasonable Accommodation:

*Some houses, especially level 2 houses, may not have the ability to safely store these medications at the house. Reasonable accommodation for these medications may take other forms, for example off-site administration by a qualified provider.*

## SECTION 2:

### Day One: Starting In the House

#### **D Medication Management Worksheet**

Some residents need extra help managing their medications in recovery housing. When 942 STOP thinks someone needs this extra support, they will give you a Medication Management Planning Worksheet. This worksheet helps everyone work together.

After filling out this worksheet, attach it to the resident's recovery activity plan. The house manager can review the worksheet with the resident every time the manager and resident reviews the recovery activity plan.

#### **WHEN YOU GET THE WORKSHEET FROM 942 STOP**

##### **942 STOP will already fill out:**

- The medication name and dose
- The prescriber's name

#### **WHAT YOU SHOULD DO AS HOUSE MANAGER**

##### **Step 1: Discuss the Worksheet During Intake**

- Go through each medication on the worksheet
- Ask: "What concerns do you have about managing this medication while living here?"
  - For example, does the resident ever forget to take the medication? Have they misused this medication or a similar medication in the past? Do they sometimes skip a dose because they don't like the side effects?
- Write down their concerns (examples: forgetting doses, side effects, timing with house schedule)
- If resident forgot to tell 942 STOP about a medication, add this medication and the prescriber to the worksheet
- **Work together to set a deadline for them to meet with their prescriber (usually 4 weeks)**
- Both of you sign this part of the worksheet



# SECTION 2:

## Day One: Starting In the House

### Step 2: Follow Up

- Check in with the resident about their prescriber appointment
- If they can't get an appointment in time, remind them about the ACT clinic at Rhode Island Hospital. **ACT is a drop-in clinic that can help them come up with a medication management plan.** They can call for an appointment or just drop-in (401-606-8100)
- **Make sure they understand they need to bring the completed worksheet back to you**
- If the resident meets with the prescriber virtually, follow-up to confirm plan with prescriber (if resident has signed a release)

### WHAT THE RESIDENT SHOULD DO

#### Meet with Their Prescriber

- Bring the worksheet to their appointment
- Discuss any concerns about managing the medication in recovery housing
- Work with their prescriber to make a plan
- Write down action items (like medication changes, more frequent appointments, pill box or phone timer to help remember doses...)
- Get prescriber's signature on the worksheet (if in person)

#### Meet with a Recovery Support

- This could be a therapist, sponsor, and peer recovery specialist
- Talk about what extra support they can provide to stay on track with the medication (more frequent check-ins, texts, appointment reminders, etc.)
- Write down what support they will get and how often

### Return the Completed Worksheet

- Bring the finished worksheet back to you within the agreed deadline
- Review the support plan together
- If the resident could only meet with the prescriber online, the house manager should directly verify the plan with the prescriber
- Make sure emergency contacts are updated

### Your Role After the Worksheet is Complete

- Review the support plan with the resident
- Contact their prescriber or support person if you have concerns
- Attach the worksheet to their recovery support plan



## SECTION 3: Best Practices for Medications in Recovery Houses

### A Medication-Friendly Recovery Activities

Some traditional recovery meetings have negative attitudes toward medications. This isn't fair or helpful.

#### Houses should:

- Provide lists of medication-friendly recovery resources during intake
- Work with RICARES to identify local medication-friendly recovery spaces
- Support residents who face stigma in recovery spaces
- Make accommodations for medication-supportive activities (later curfew for travel time, online meetings, etc.)

Medication supportive recovery spaces include All Recovery Meetings and SMART meetings. AA meetings (especially LGBTQ+ and Young People's meetings) may also be more accepting of medications than NA meetings.

Recovery houses can work with RICARES to identify additional resources that are accessible to an individual resident.

#### Here are things you can say to help residents who experience medication stigma:

"Your recovery is valid, no matter what path you're taking. You're following your doctor's advice, and that takes courage."

"You don't have to defend your medical decisions to anyone. You're doing what's right for your health."

"If someone questions your medication, you can simply say 'I'm following my doctor's treatment plan' and change the subject."

"There are other recovery meetings and spaces where people understand and support medication-assisted recovery. Let's find those for you."

"Your worth isn't determined by other people's opinions about your medication. You're working on your recovery, and that's what matters."

### B Monitoring

Houses use different approaches based on their philosophy and resources:

#### Some houses focus on behavior monitoring:

- Watch for changes in how residents act
- Have supportive conversations about concerns
- Use drug tests only when needed based on behavior

#### Other houses use urine tests to monitor:

- Regular or random drug tests
- Weekly medication counts (of some or all prescription medications)
- Consistent documentation

#### Both approaches can work when they are:

- **Consistent:** Applied the same way over time
- **Clear:** Residents understand what to expect
- **Respectful:** Done with dignity and privacy
- **Documented:** Proper records kept for everyone's protection



# SECTION 3: Best Practices for Medications in Recovery Houses

## C Medication Counts

When counting medications in level 1, 2, and 3 houses:

- **Only staff and the resident should be present**
- Only the resident touches their own medications
- Staff observe and document but don't handle medications
- Both staff and resident confirm the count is accurate
- Resident can request an additional witness

Level 4 houses should follow appropriate clinical protocols and HIPPA.

## D Missing Doses and Other Rule Violations

Most medication mistakes happen by accident and should be handled with support, not punishment. But some problems are serious and can put everyone at risk.

### Mistakes:

- Missing doses (coming up short during medication count)
  - Not taking prescribed medication the right way (skipping doses)
    - Leaving medications where others can see them instead of locking them up
    - Forgetting to tell you about prescription changes within 24 hours
      - Getting medication out of storage when other residents can see

### How to Handle Mistakes:

- **First time:** Talk with the resident in a helpful way to understand what happened. Offer help so it won't happen again.
- **Second time:** Write down clear rules about medication management. Both you and the resident sign the paper.
- **Third time:** Refer to a higher level house with more support. Your house may not be the right place for their needs.

### More Serious Problems:

- Giving, sharing, trading, or selling any medications to other residents
- Looking through their medication box without permission
- Selling medications outside the house
- Taking someone else's medication
- Breaking another resident's medication privacy by:
  - Watching while they open their medication box
  - Breaking medication storage or security on purpose (like the methadone "take home" seal)
- Telling other residents about their medications

These problems can result in immediate discharge because they put other residents' safety and recovery at risk. They also may break federal laws.

### Write Everything Down:

- Write what happened for both mistakes and serious problems
- Include date, time, people involved, and what you did about it
- For serious problems, tell the house owner right away

## SECTION 3: Best Practices for Medications in Recovery Houses

### E Drug Testing

Whether houses use urine tests, and how often, is a question of individual house culture.

**Houses should always follow FDA package guidelines** for using the drug test. The packaging of some FDA approved tests explicitly states that the test should not be used for ending employment or housing.

**Houses should never ask residents to stop taking prescribed medications** on the basis that they might show positive on urine tests. If residents are taking a medication, like Adderall, that urine tests cannot distinguish from a “street” drug, then the house must use other monitoring strategies.

#### For people taking these medications, houses can:

- Use more regular pill counts
- Have frequent check-ins
- Monitor behavior more closely
- Coordinate with healthcare providers

### F Five-day Grace Period after Medical Treatment

After any hospitalization or medical treatment, houses cannot discharge residents for positive urine tests that can be explained by documented medical treatment. Residents have 5 days to produce medical documentation to explain any positive urine test results.

### G Resolving Disputes over Urine Test Outcomes

All houses should have a written policy that explains how residents can contest positive urine tests and how disagreements will be resolved. For example, residents could request an independent laboratory test at their expense.

### H Prescription Changes

Residents should notify house staff within 24 hours of any:

- New medications prescribed
- Dose changes (increases or decreases)
- Medications discontinued
- Changes in how often medication is taken

#### For New Prescriptions:

- Resident informs house manager within 24 hours of picking up medication
- Resident provides medication name, dose, frequency, and prescribing doctor
- Residents and house manager discuss any new medication management needs and update medication management plan if necessary

#### For Dose Changes:

- Resident reports new dose
- Resident brings updated prescription label to house manager



# SECTION 3: Best Practices for Medications in Recovery Houses

## For Discontinued Medications:

- Resident informs house manager immediately
- Resident or house manager follows proper disposal procedures for remaining medication
- If higher risk medication, house owner follows proper disposal procedures
- House manager updates all medication documentation

## Prescription changes may require modified monitoring:

- Behavioral monitoring: Watch for side effects or medication interactions
- Drug testing considerations: New medications may affect urine test results
- Communication with providers: More frequent check-ins between residents and providers may be needed

## I Disposal

Proper disposal protects current residents.

## Dispose of medications when:

- Resident moves out and leaves medications behind
- Resident no longer needs the medication (per prescriber's orders)

## SAFE DISPOSAL METHODS

### Option 1: Pharmacy Take-Back Programs

- Many pharmacies have secure disposal boxes
- Free and anonymous
- No questions asked
- Check list of Prescription Drug Disposal Sites here

### Option 2: Law Enforcement Drop-Off

- Many police stations have disposal boxes
- Call ahead to confirm availability
- Check list of Prescription Drug Disposal Sites here

### Option 3: DEA Take-Back Events

- Held annually (October 25)
- Check DEA website for locations
- Completely anonymous and free

## STEP-BY-STEP DISPOSAL PROCESS

### Before Disposal:

- **Document everything:** Record medication name, strength, quantity, and resident name
- **Take photos:** Document medications before disposal (for records)
- **Remove personal information:** Black out resident name and address on labels
- **Keep in original containers:** Don't remove pills from bottles

### During Disposal:

- **Verify disposal:** Get receipt if available, or note date/time/location
- **Document completion:** Record disposal method, date, time, and house leader present

### NEVER flush medications unless:

- Medication is on FDA flush list (very few medications)
- Instructions specifically say to flush

## SECTION 3: Best Practices for Medications in Recovery Houses

### J Privacy

All medical information must be kept confidential.

**Reminder:** All medication conversations must be private. Every discussion about a resident's medications must take place in private with only the resident and house leader. No medication discussions should ever happen where other residents can overhear.

#### Houses must:

- Keep all medication discussions private
- Store medical information securely
- Train leader on confidentiality rules
- Take privacy violations seriously

Some houses have “zero discussion” policies where talking about anyone’s medications (including your own) is considered inappropriate (“bullying”).

Violation of a resident’s medication privacy by leader or other residents, should be treated seriously.



# SECTION 4:

## Emergency Situations

### A If Someone Is Unresponsive

- Call 911 immediately – say “there is an unconscious person requiring medical attention”
- Give the operator a clear address – don’t mention it’s a recovery house
- Give naloxone – continuing giving doses of naloxone every 2-3 minutes if they are still unresponsive
- Stay with the person until help arrives
- Provide medical information to emergency responders (known medications, conditions)

### B If Someone Seems Confused or Disoriented

- Ensure immediate safety
- Inform house owner immediately
- Take person to nearest emergency room for evaluation
- Document the incident

### ALWAYS CALL 911 IF:

- Person has trouble breathing or chest pain
- Person is immediate danger to themselves or others

### C Naloxone Training

Every resident should get naloxone training. Overdoses can happen anywhere, and residents are often first on scene.

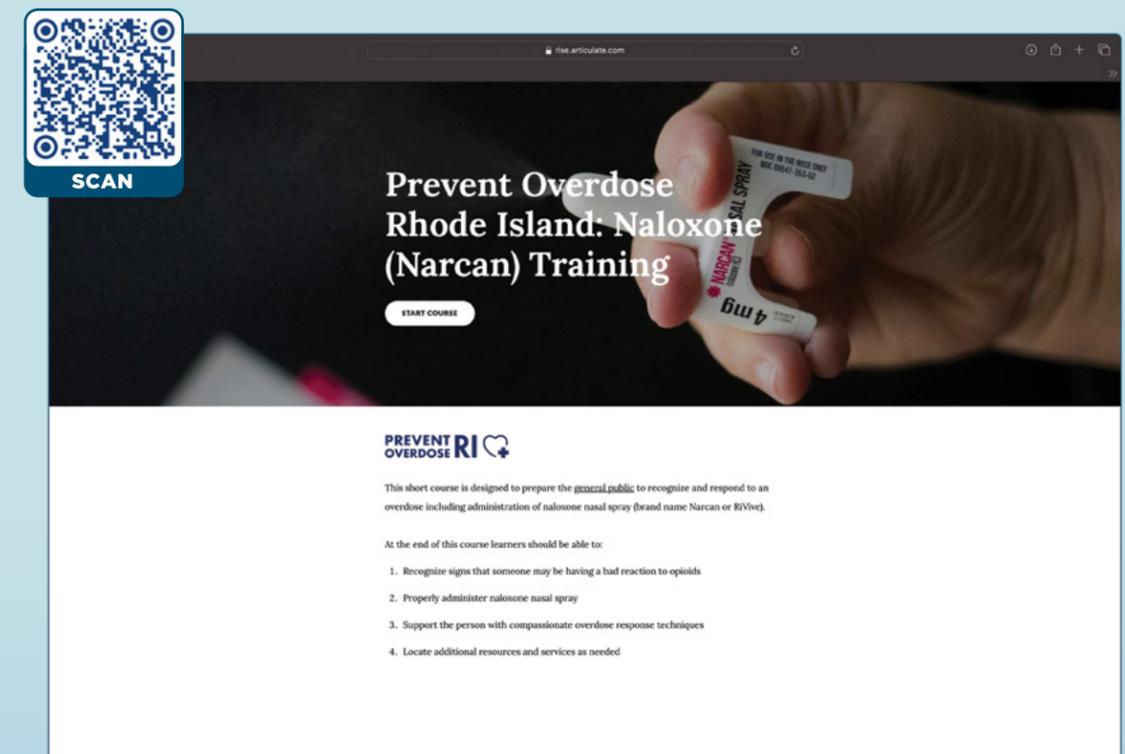
PONI (Preventing Overdose and Naloxone Intervention) provides free training and naloxone kits. Houses can request group training by visiting [poniri.org](https://poniri.org). Training takes about 30 minutes and everyone gets a free naloxone kit.

RICARES is contracted to offer trainings four times a year to house managers.

### Prevent Overdose RI offers a free online training:

[https://rise.articulate.com/share/TRDSfEUxBB4LTNesvBIGJ2F67QwOTift#/#/](https://rise.articulate.com/share/TRDSfEUxBB4LTNesvBIGJ2F67QwOTift#/)

**Every resident should know where naloxone is stored in case of emergency.**



**Prevent Overdose Rhode Island: Naloxone (Narcan) Training**

START COURSE

**PREVENT OVERDOSE RI**

This short course is designed to prepare the general public to recognize and respond to an overdose including administration of naloxone nasal spray (brand name Narcan or RIVve).

At the end of this course learners should be able to:

1. Recognize signs that someone may be having a bad reaction to opioids
2. Properly administer naloxone nasal spray
3. Support the person with compassionate overdose response techniques
4. Locate additional resources and services as needed

# FORM LIST: Recovery House Medication Management Forms



166 Valley St. Ste. 105 Providence, RI 02909  
401-475-2960 | operations@ricares.org

## Recovery House Medication Management Forms

### FORM LIST

#### A. Intake Forms:

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#### B. Regular Use Forms:

- FORM 8:** Medication Count Documentation Form | 48-49
- FORM 9:** Incident Documentation Form | 50-51
- FORM 10:** New Prescription Change Notification Form | 52

#### C. Occasional Use Forms:

- FORM 11:** Medication Management Written Agreement | 53-54
- FORM 12:** Positive Urine Toxicology Screen Documentation Form | 55-56
- FORM 13:** Medication Disposal Documentation Form | 57-58
- FORM 14:** House Written Medication Policy Checklist | 59-61

#### INTAKE FORMS

### FORM 1: Intake Checklist

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

House: \_\_\_\_\_ Manager/Leader: \_\_\_\_\_

#### Complete each item and check when done:

- Meet privately with the resident** (no other residents present)
- Review the house's written medication policy** with resident
- Explain how medication rules support everyone's recovery:**
  - Secure storage keeps everyone away from temptation
  - Privacy protects everyone's personal health information
  - Privacy stops talk that might cause cravings or bad memories
  - Rules make things fair for everyone in the house
- Get signed waiver** allowing communication with medical providers
- Get complete list** of prescription medications
- Get complete list** of over-the-counter medications (medicines you can buy without a prescription)
- Watch resident count all medications** and document count
- Fill out 942 STOP medication management worksheet** (if provided)
- Give resident copy** of their medication rights
- Give resident list** of medication-friendly recovery supports

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
House Manager/Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



INTAKE FORMS

**FORM 2: Intake Medication Document Form**

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

House: \_\_\_\_\_ Manager/Leader: \_\_\_\_\_

**PRESCRIPTION MEDICATIONS**

Medication Name	Dose	Prescriber	Phone	Pill Count	Refills Left

**OVER-THE-COUNTER MEDICATIONS**

Medication Name	Why Taking	Count

**HIGH-RISK MEDICATIONS (IF HOUSE POLICY REQUIRES EXTRA SECURITY)**

**FULL AGONIST OPIOIDS**

*Methadone, Oxycodone/OxyContin/Percocet, Hydrocodone/Vicodin/Norco, Morphine, Fentanyl patches, Codeine, Tramadol*

Med Name/Generic	Prescriber	Phone	Dose	Pills	Refills Left	Extra Security	Daily Access Time

**BENZODIAZEPINES**

*Alprazolam/Xanax, Lorazepam/Ativan, Diazepam/Valium, Clonazepam/Klonopin, Chlordiazepoxide/Librium, Temazepam/Restoril*

Med Name/Generic	Prescriber	Phone	Dose	Pills	Refills Left	Extra Security	Daily Access Time

**Note:** Suboxone/buprenorphine goes in the regular medication section, not high-risk tables.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
House Manager/Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

INTAKE FORMS

**FORM 3: Recovery House Resident Medication Rights**

**YOUR MEDICATION RIGHTS IN RECOVERY HOUSING**

You have important rights when it comes to your prescribed medications. These rights are protected by federal law.

**The Right to Non-Discrimination**

- You cannot be denied housing because you take prescribed medications
- You must be treated the same as other residents

**The Right to Make Your Own Medical Decisions**

- You can make your own medical choices with your doctor
- No one can pressure you to change or stop prescribed medications
- You can receive any medical treatment prescribed by a qualified healthcare professional

**Privacy**

- You can keep your medication information private from other residents
- Staff must keep your medical information confidential

**Safe Storage**

- You have the right to secure, private storage for your medications
- You can access your medications as prescribed
- The house must provide storage if you cannot afford your own
- Storage may sometimes be off-premises for a level 2 or 3 house

**Self-Management**

- In most cases, you can manage your own medications according to your prescriptions
- In level 1, 2, and 3 houses, house leaders should not touch your medications during counts

**Inclusive Recovery**

- You can participate in a house culture that supports all types of recovery
- You can join recovery activities where your medication use is accepted

**Fair Treatment**

- You cannot be discharged just for taking prescribed medications
- You can dispute positive urine test results
- You have 5 days to provide official documentation after hospitalization or treatment
- You can appeal discharge decisions that seem unfair

**Filing a Complaint**

If you experience discrimination, privacy violations, or inadequate accommodations, you can file a complaint.

**RICARES:** (401) 475-2960 or [ricares.org](http://ricares.org)

RICARES can help by:

- Referring you to other agencies
- Providing mediation
- Working with the house to fix problems
- Helping you find other housing if needed

INTAKE FORMS

**FORM 4: Medical Provider Communication Waiver**

**AUTHORIZATION FOR DISCLOSURE AND EXCHANGE  
OF HEALTH INFORMATION** (HIPAA & 42 CFR Part 2 Compliant)

**1. RESIDENT INFORMATION**

Resident Name: \_\_\_\_\_

House/Program Name (Part 2 Program):  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

**2. PURPOSE OF DISCLOSURE AND EXCHANGE**

The purpose of this authorization is to coordinate my care and ensure my health and safety related to my residency at this recovery residence. This includes medication management, treatment compliance, housing needs related to my health condition, and safe communication between my health care providers and the recovery residence.

**3. PARTIES TO THIS AUTHORIZATION**

I authorize the following parties to disclose to and receive from each other the information described in Section 4:

- **[Recovery Residence/Program Name]** (a federally assisted program subject to 42 CFR Part 2)

Address: \_\_\_\_\_

- The following health care providers (each must be specifically named):

Primary Care Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Psychiatrist/Mental Health Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Prescriber/Therapist: \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_

**4. INFORMATION TO BE DISCLOSED AND EXCHANGED**

The following information may be disclosed and exchanged between the parties listed above:

- Medication prescriptions, dosages, and schedules
- Medication compliance and adherence
- Observed side effects or concerns regarding medications
- Safety issues related to my medications or health condition
- Housing-related medication management needs (e.g., storage, supervision)
- Emergency medical situations relevant to my care providers
- Substance Use Disorder (SUD) Information:** If checked, this authorization specifically permits disclosure and exchange of records related to my substance use disorder diagnosis, treatment, or referral for treatment.

**5. EXPIRATION**

This authorization will expire on: \_\_\_\_\_

(Must be a specific date, no more than one (1) year from today, OR a specific event, e.g., "upon my discharge from [House Name].")

**6. RESIDENT RIGHTS**

- **Voluntary:** Your signature on this authorization is voluntary. Your treatment, payment, enrollment, or eligibility for benefits cannot be conditioned upon your signing.
- **Revocation:** You may revoke this authorization at any time by submitting a written request to the Privacy Officer at [House Name]. The revocation will not apply to information already disclosed in reliance on this authorization.
- **Right to a Copy:** You are entitled to a copy of this authorization after you sign it.

**7. REQUIRED FEDERAL REDISCLOSURE NOTICE (42 CFR §2.32)**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**8. RESIDENT ACKNOWLEDGMENT AND SIGNATURE**

I have read and understand this authorization. All blanks were filled in before I signed. I understand my rights as described above, and I voluntarily agree to the disclosure and exchange of my health information as described.

\_\_\_\_\_  
Resident Signature\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date**9. WITNESS SIGNATURE**

(Required if Section 4 “SUD Information” is checked)

I witnessed the resident sign this authorization voluntarily and without coercion.

\_\_\_\_\_  
Witness Signature\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date

INTAKE FORMS

**FORM 5: Medication-Friendly Recovery Supports List**

**LOCAL RECOVERY RESOURCES THAT SUPPORT MEDICATION USE**

These groups and meetings welcome people who take prescribed medications as part of their recovery.

**All Recovery Meetings**

- Support all pathways to recovery
- No judgment about medications
- Check the ANCHOR website for daily all-recovery meetings:

<https://anchorrecovery.providencecenter.org/events>



**SMART Recovery**

- Science-based recovery approach
- Welcomes medication-assisted treatment
- Find a meeting on the SMART website:

<https://smartrecovery.org/meeting>



**AA Meetings (Medication-Friendly)**

- LGBTQ+ meetings
- Young People's meetings
- Contact local AA central office for specific meetings:

<https://aainri.com/>



**PEER RECOVERY SUPPORT SERVICES**

**Anchor Recovery Community Center**

A310 Reservoir Ave, Providence, RI 02907, Phone: (401) 889-5770

**Project Weber/Renew Providence Drop-In Center**

Phone: (401) 383-4888

**Pawtucket Drop-In Center**

Phone: (401) 867-2882

**East Bay Recovery Center**

2 Old County Rd, Barrington, RI 02806, Phone: (401) 246-1195

**Serenity Center Serenity Center**

66 Social St, Woonsocket, RI 02895, Phone: 401-488-4426.

**CRISIS SUPPORT**

**BHLINK:** (401) 414-LINK (5465)  
24/7 crisis support and mental health resources

**Prevent Overdose RI:** Free naloxone training and supplies

If you experience medication stigma in any recovery space, tell your house manager/leader. We will help you find supportive alternatives.

INTAKE FORMS

**FORM 6: Medication Management Planning Worksheet**

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Recovery House: \_\_\_\_\_

942 STOP Staff: \_\_\_\_\_

**Instructions**

This worksheet is completed in three steps:

**STEP 1:** 942 STOP Staff: Fill out medication names, doses, and prescriber information for medications identified during screening as needing additional planning.

**STEP 2:** House leaders and Resident: Review each medication together. Discuss any concerns the resident has about managing the medication in recovery housing. Set deadlines for prescriber appointments.

**STEP 3:** Resident: Meet with prescriber and support person by the agreed deadlines. Record discussions and action items. Return completed worksheet to house leaders.

**Note:** *if the resident is unable to meet with the prescriber by the agreed deadline, the ACT clinic at Rhode Island Hospital provides drop-in appointments with addiction medicine specialists and can help with reviewing medications and developing a medication management plan. Call them at 401-606-8100.*

INTAKE FORMS

**FORM 7: Blank Medication Management Planning Worksheet**

**MEDICATION 1:**  Benzodiazepine  Full Agonist Opioid

Medication Name & Dose: *(942 STOP Staff completes)*

\_\_\_\_\_

Prescriber Name: *(942 STOP Staff completes)* Phone: *(Resident provides)*

\_\_\_\_\_

What concerns do you have about managing this medication in a recovery house? (Examples: misuse, remembering to take doses, timing with house schedule, side effects others might notice, interactions with other medications) *(House Leaders and Resident complete together)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deadline to meet with prescriber: *(House Leaders and Resident agree)*

\_\_\_\_\_

Discussion with Prescriber *(Resident completes after meeting)*

Date Discussed: \_\_\_\_\_

**What we talked about:**

Action items/next steps:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up appointment needed?  Yes  No

If yes, when: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR...**

House Leaders discussion with Prescriber:

\_\_\_\_\_

Date: \_\_\_\_\_

Discussion with Support Person *(Resident completes after meeting)*

Support Person Type:

Therapist  Sponsor  Peer Recovery Specialist

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Discussed: \_\_\_\_\_

**What we talked about:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional support they will provide: (Examples: daily check-ins, more frequent sessions, text reminders, help with appointments, accountability)

How often: \_\_\_\_\_

**MEDICATION 2:**  Benzodiazepine  Full Agonist Opioid

Medication Name & Dose: *(942 STOP Staff completes)*

\_\_\_\_\_

Prescriber Name: *(942 STOP Staff completes)* Phone: *(Resident provides)*

\_\_\_\_\_

What concerns do you have about managing this medication in a recovery house? *(House Leaders and Resident complete together)*

\_\_\_\_\_  
\_\_\_\_\_

Deadline to meet with prescriber: *(House Leaders and Resident agree)*

\_\_\_\_\_

Discussion with Prescriber *(Resident completes after meeting)*

Date Discussed: \_\_\_\_\_

**What we talked about:**

Action items/next steps:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Follow-up appointment needed?  Yes  No

If yes, when: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR...**

House Leaders discussion with Prescriber:

\_\_\_\_\_

Date: \_\_\_\_\_

Discussion with Support Person *(Resident completes after meeting)*

Support Person Type:

Therapist  Sponsor  Peer Recovery Specialist

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Discussed: \_\_\_\_\_

**What we talked about:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional support they will provide:

How often: \_\_\_\_\_

**MEDICATION 3:**  Benzodiazepine  Full Agonist Opioid

Medication Name & Dose: *(942 STOP Staff completes)*

\_\_\_\_\_

Prescriber Name: *(942 STOP Staff completes)* Phone: *(Resident provides)*

\_\_\_\_\_

What concerns do you have about managing this medication in a recovery house? *(House Leaders and Resident complete together)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deadline to meet with prescriber: *(House Leaders and Resident agree)*

\_\_\_\_\_

Discussion with Prescriber *(Resident completes after meeting)*

Date Discussed: \_\_\_\_\_

**What we talked about:**

Action items/next steps:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Follow-up appointment needed?  Yes  No

If yes, when: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR...**



REGULAR  
USE FORMS

**FORM 9: Incident Documentation Form**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

House: \_\_\_\_\_

Person Filing Report: \_\_\_\_\_

**Type of Incident (check all that apply):**

- Emergency (unresponsive person)
- Emergency (confused/disoriented person)
- Emergency (medication reaction)
- Missing medication doses
- Untaken prescribed medications
- Serious rule violation
- Privacy violation
- Other: \_\_\_\_\_

**People Involved:**

Resident(s): \_\_\_\_\_

Staff Present: \_\_\_\_\_

Other Witnesses: \_\_\_\_\_

What Happened: \_\_\_\_\_

**Count Results:**

- All medications match expected count
- Extra pills found (see notes)
- Missing doses found (see notes)
- Other issues (see notes)

**Notes/Concerns:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Actions Taken:**

- No action needed
- Supportive conversation completed
- Incident report filed
- House owner notified
- Other: \_\_\_\_\_

**Only the resident touched their medications during this count.**

\_\_\_\_\_  
Resident Signature                      House Manager/Leader Signature

\_\_\_\_\_  
Date    Date

\_\_\_\_\_  
Additional Witness Signature  
(if requested)

\_\_\_\_\_  
Date

REGULAR  
USE FORMS

**FORM 10: New Prescription Change Notification Form**

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Type of Change (check one):**

- New prescription    Dose change (increase/decrease)  
 Medication discontinued    Frequency change (how often taken)

**Medication Information:**

Medication Name: \_\_\_\_\_

Previous Dose/Frequency: \_\_\_\_\_

New Dose/Frequency: \_\_\_\_\_

Prescriber: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Date Filled: \_\_\_\_\_

New Pill Count: \_\_\_\_\_ Number of Pills: \_\_\_\_\_ Refills Left: \_\_\_\_\_

**High-Risk Medication:**

- This is a benzodiazepine or full agonist opioid requiring extra security per house policy

**Actions Needed:**

- Update medication documentation  
 New medication management planning worksheet needed  
 Change monitoring plan    Update recovery activity plan  
 Other: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
House Manager/Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Actions Taken:**

- Called 911  
 Gave naloxone  
 Went to hospital/BHLINK  
 Called house owner  
 Supportive conversation  
 Written agreement created  
 Referral to higher level care  
 Other: \_\_\_\_\_

**Follow-up Needed:**

- No follow-up needed  
 Continue monitoring  
 Schedule prescriber appointment  
 Update medication management plan  
 Other: \_\_\_\_\_

Report Filed By: \_\_\_\_\_

Date: \_\_\_\_\_

**House Owner Notified:**

- Yes    No Date/Time: \_\_\_\_\_

**OCCASIONAL USE FORMS** | Store these forms in a file cabinet or office area since they're used less frequently

**FORM 11: Medication Management Written Agreement**

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

House: \_\_\_\_\_ Manager/Leader: \_\_\_\_\_

This agreement is being created because this is the second time there has been a medication management concern.

**Previous Incident:**

**Current Incident:**

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Issue: \_\_\_\_\_ Issue: \_\_\_\_\_

**Agreement Terms:**

To continue living in this house, I agree to:

- Take all medications exactly as prescribed
- Store all medications securely as required by house policy
- Report any prescription changes within 24 hours
- Participate in more frequent medication counts:  
\_\_\_\_\_ (frequency)
- Meet with my prescriber by: \_\_\_\_\_ (date)
- Complete new medication management planning worksheet
- Other: \_\_\_\_\_

**Support Offered:**

The house will provide:

- Daily check-ins about medication management
- Help scheduling prescriber appointments
- Transportation assistance to medical appointments
- Connection to additional recovery supports
- Other: \_\_\_\_\_

**Understanding:**

I understand that if there is a third medication management concern, I may be referred to a higher level of care with more support. This house may not be the right fit for my needs.

Next Review Date: \_\_\_\_\_

_____ Resident Signature	_____ House Manager/Leader Signature
_____ Date	_____ Date

\_\_\_\_\_  
House Owner Signature

\_\_\_\_\_  
Date

**OCCASIONAL USE FORMS** | Store these forms in a file cabinet or office area since they're used less frequently

**FORM 12: Positive Urine Toxicology Screen Documentation Form**

Resident Name: \_\_\_\_\_

Date of Test: \_\_\_\_\_

House Manager/Leader: \_\_\_\_\_

Time: \_\_\_\_\_

**Test Information:**

Test Brand/Model: \_\_\_\_\_

Test Administered By: \_\_\_\_\_

**Substances Testing Positive:**

- Alcohol  Marijuana  Cocaine
- Amphetamines  Opioids  Benzodiazepines
- Other: \_\_\_\_\_

**Medical Treatment History:**

Has resident received medical treatment in the past 14 days?

- Yes  No

If yes, details: \_\_\_\_\_

**Important Reminder Given to Resident:**

*"You have 5 days to provide official medical documentation that explains this positive test result."*

**Resident Response:**

- Test result disputed by resident
- Resident accepts test result
- Resident will provide medical documentation
- Resident requests independent lab confirmation

**Dispute Resolution:**

Method of resolution: \_\_\_\_\_

Cost responsibility: \_\_\_\_\_

Timeline: \_\_\_\_\_

**Documentation Provided:**

Date received: \_\_\_\_\_ Type: \_\_\_\_\_

Covers timeframe: \_\_\_\_\_ Acceptable:  Yes  No

**Final Outcome:**

- Test result explained by medical treatment
- Test result stands as violation  Independent test requested
- Other: \_\_\_\_\_

**Actions Taken:**

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
House Manager/Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**OCCASIONAL USE FORMS** | Store these forms in a file cabinet or office area since they're used less frequently

**FORM 13: Medication Disposal Documentation Form**

Date: \_\_\_\_\_ House: \_\_\_\_\_

Staff: \_\_\_\_\_

**Resident Information:**

Name: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

**Reason for Disposal:**

- Resident moved out and left medications
- Resident no longer needs medication (per prescriber)
- Expired medications
- Other: \_\_\_\_\_

**Medications Being Disposed:**

Medication Name	Strength	Quantity	Prescriber	Expiration Date

**Documentation:**

- Photos taken before disposal
- Personal information removed from labels
- Medications kept in original containers

**Disposal Method:**

- Pharmacy take-back program
- Law enforcement drop-off
- DEA take-back event

Location: \_\_\_\_\_

Date/Time of Disposal: \_\_\_\_\_

Receipt/Confirmation:  Yes  No

Staff Present at Disposal: \_\_\_\_\_

*Never flush medications unless on FDA approved flush list or specifically instructed.*

**OCCASIONAL USE FORMS** | Store these forms in a file cabinet or office area since they're used less frequently

**FORM 14: House Written Medication Policy Checklist**

House Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Policy Developed By: \_\_\_\_\_

Title: \_\_\_\_\_

**REQUIRED POLICY COMPONENTS:**

**Non-Discrimination:**

- Clear statement that house cannot deny admission based solely on prescribed medications
- Statement against requiring residents to change or discontinue prescribed medications
- Commitment to reasonable accommodations

**Medication Storage:**

- Secure storage requirements for all medications
- Privacy protection during medication access
- House will provide temporary storage if resident cannot afford

**High-Risk Medication Protocols:**

- House decision on whether to implement higher security for benzodiazepines and full agonist opioids
- If yes, specific enhanced storage procedures defined
- If yes, staff-controlled access procedures defined
- If yes, increased monitoring requirements defined

**Privacy Protection:**

- All medication conversations must be private (house leaders and resident only)
- Secure storage requirements for medication-sensitive documents
- House leader access controls for resident medical information defined
- Document retention periods specified
- Privacy violation consequences defined

**Monitoring Procedures:**

- Medication count procedures defined
- House leaders observe but don't touch medications during counts in levels 1,2, and 3
- Documentation requirements specified
- Missing dose response protocol (progressive response)

**Rule Violations:**

- Progressive response for common mistakes defined (1st: conversation, 2nd: written agreement, 3rd: referral)
- Serious violations requiring immediate action listed
- Substantial consequences for staff violating policy
- Substantial consequences for residents violating policy

**Communication Protocols:**

- Residents must report concerns about other residents to staff only, never to other residents
- 24-hour notification requirement for prescription changes
- Medical provider communication procedures

**Drug Testing:**

- Testing frequency and procedures (if applicable)
- 5-day grace period after medical treatment
- Dispute resolution procedures for positive tests
- Prohibition against stopping prescribed medications due to potential positive tests

**Emergency Procedures:**

- Unresponsive person protocol
- Confused/disoriented person protocol
- Medication reaction
- Naloxone location and access
- Emergency contact procedures

**Required Postings:**

- Naloxone storage location poster displayed
- Resident medication rights posted
- Emergency instructions posted

**Disposal Procedures:**

- Safe disposal methods defined
- Documentation requirements specified
- Prohibition against flushing (except FDA approved list)

**Training Requirements:**

- Staff training on medication policies required
- Confidentiality training required
- Naloxone training required

**Policy Review:**

- Annual policy review scheduled
- Update procedures defined
- Staff notification process for policy changes

Policy Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by RICARES: \_\_\_\_\_ Date: \_\_\_\_\_

Next Review Date: \_\_\_\_\_

