

## ON-SITE REVIEW CHECKLIST

Certain NARR/Massachusetts Alliance for Sober Housing standards require “evidence” or “verification” that the practice of the organization applying for certification meets this standard. The Massachusetts Alliance for Sober Housing gathers evidence and verifies compliance through an on-site review. All

organizations seeking certification by MASH are required to provide evidence or verification of the following listed elements. If an element is missing, MASH may request that you update your documentation and/or practice or provide a formal response. During the on-site review, reviewers will ask questions about your organizations policies and procedures, and verify that the organization is implementing the practices as written in the documentation.

**Note: MASH considers the term staff to mean any individual in a role of authority within a certified sober home.**

Operator: \_\_\_\_\_

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

Standard		Comments
Current MASH Standards	<input type="checkbox"/> Operator has read and is familiar with the current MASH standards.	
2i. A policy and practice that provider has a code of ethics that is aligned with the NARR code of ethics. There is evidence that this document is read and signed by all those associated with the operation of the sober home.	<input type="checkbox"/> Operator is able to show the interviewer copies of the Code of Ethics signed by operator and peer leaders.	Show interviewer.
3.b. Use of an accounting system which documents all resident financial transactions such as fees, payments, and deposits.  3.c. A policy and practice documenting that a resident is fully informed regarding refund policies prior to the individual entering into a binding agreement.  3.d. A policy and practice that residents be informed of	<input type="checkbox"/> Accounting system reflects all charges and payments, including those from 3 <sup>rd</sup> parties.  Please tell me how you document fees/charges?  How do you provide a receipt when asked?  How do you inform residents that you have received payments for them by 3 <sup>rd</sup> party payors?	Provide financial statement for one current resident.          Review resident agreement to confirm refund language.

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<p>payments from 3rd party payers for any fees paid on their behalf.</p>	<p><input type="checkbox"/> I inform residents about our refund policy prior to signing a resident agreement and include the refund policy in a written form.</p>	
<p>5.a. Documentation of process that requires a written agreement prior to committing to terms that includes the following:</p> <ul style="list-style-type: none"> <li>• Resident Rights</li> <li>• Financial obligations, and agreements</li> <li>• Services provided</li> <li>• Recovery goals</li> <li>• Relapse policies</li> </ul> <p>Policies regarding removal of personal property left in the residence.</p> <p>19.c. Documentation that residents are oriented to emergency procedures.</p>	<p><input type="checkbox"/> Residents receive a formal orientation. Resident is provided with copies of the following</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resident Rights,</li> <li><input type="checkbox"/> Resident Agreement containing financial information</li> <li><input type="checkbox"/> Grievance process,</li> <li><input type="checkbox"/> Emergency procedures</li> <li><input type="checkbox"/> House rules</li> <li><input type="checkbox"/> Communicable Disease Policy</li> <li><input type="checkbox"/> Good Neighbor Policy</li> <li><input type="checkbox"/> Policy on property left behind</li> <li><input type="checkbox"/> Process involves explaining all services that are provided as well as expectations of resident</li> </ul>	<p>Review resident file. Operator will offer information on their process when a resident transitions from the home.</p> <p>Please explain how you inform residents of your emergency procedures?</p> <p>Do you collect emergency contact information?</p>
<p>6.a. Policies and procedures that keep residents' records secure, with access limited to authorized staff.</p>		<p>Confirm any onsite storage of records in locked area.</p>
<p>7.a. Evidence that some rules are made by the residents that the residents (not the staff) implement.</p>	<p>Tell me how residents have a say in developing some rules?</p>	
<p>7.c. Verification that written resident's rights and requirements (e.g., residence rules and grievance process) are</p>		<p>Verify grievance policy, resident rights, are posted or in common area.</p>

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<p>posted or otherwise available in common areas.</p>		
<p>7.e. Evidence that residents have the opportunities to be heard in the governance of the residence; however, decision making remains with the operator.</p>	<p>Do you have weekly house meetings where residents may bring up questions, concerns, or comments?</p> <p><input type="checkbox"/> The residents support each other in recovery and work with the peer leader to ensure the home has a positive recovery environment?</p>	
<p>8.a. Peer support interactions among residents are facilitated to expand responsibilities for personal and community recovery.</p>	<p>How do residents provide peer support for others and model recovery principles?</p> <p><input type="checkbox"/> Residents are expected to provide peer support for others and model recovery principles</p>	
<p>8.c. Evidence that residents' recovery progress and challenges are recognized, and strengths are celebrated.</p>	<p>How are residents' recovery progress and challenges recognized? Can you provide an example?</p>	
<p>9.a. Evidence that management supports staff members maintaining self-care.</p> <p>9.c. Evidence that staff are encouraged to have a network of support.</p>	<p>Is the peer leader able to take time to work on their own recovery, spend time with family, and engage in recovery support activities outside the home?</p> <p><input type="checkbox"/> The operator has a dedicated strategy to check in with staff to ensure that they can complete their duties and maintain their own recovery (if appropriate) and self-care.</p>	
<p>9.b. Evidence that staff are supported in maintaining appropriate boundaries according to a code of conduct.</p>	<p><input type="checkbox"/> House managers/ staff are provided training on how to maintain appropriate boundaries. Give example how?</p>	
<p>9.d. Evidence that staff are expected to model</p>		

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<p>genuineness, empathy, respect, support, and unconditional positive regard.</p>	<p>How do residents and peer leaders interact with one another?</p>	
<p>12.a. Job descriptions include position responsibilities and certification/licensure and/or lived experience credential requirements.</p>	<p><input type="checkbox"/> I have written Job descriptions that are signed by peer leaders or mentors.</p>	<p>Review signed Job descriptions during site visit.</p>
<p>13.c. Evidence that supervisors (including top management) create a positive, productive work environment for staff.</p>	<p>Operator demonstrates evidence of a positive work environment, including</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ability for peer leaders to bring concerns to superiors</li> <li><input type="checkbox"/> Leadership model positive recovery principals</li> <li><input type="checkbox"/> Leadership are aware of any struggles and successes in the house</li> <li><input type="checkbox"/> Adequate resources are provided for peer leaders to perform their duties</li> <li><input type="checkbox"/> Peer leaders are not overworked</li> </ul>	
<p>15. a. Verification that a meeting space is large enough to accommodate all residents.</p> <p>15. b. Verification that a comfortable group area provides space for small group activities and socializing.</p> <p>15.c. Verification that the kitchen and dining area(s) are large enough to accommodate residents to share meals together.</p> <p>15.d. Verification that entertainment or recreational</p>		<p>Interviewer confirms compliance.</p>

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<p>areas and/or furnishings promoting social engagement are provided.</p>		
<p>17.c. Verification that the residence has a safety inspection policy requiring periodic verification of:</p> <ul style="list-style-type: none"> <li>• Functional smoke detectors in all bedroom spaces and elsewhere as code demands,</li> <li>• Functional carbon monoxide detectors, if residence has gas HVAC, hot water, or appliances,</li> <li>• Functional fire extinguishers placed in plain sight and/or clearly marked locations,</li> <li>• Regular, documented inspections of smoke detectors, carbon monoxide detectors and fire extinguishers,</li> <li>• Fire and other emergency evacuation drills take place regularly and are documented.</li> </ul>	<p>Please tell me you practice concerning:</p> <ol style="list-style-type: none"> <li>1. How often do you check to see all smoke and carbon monoxide detectors, and fire extinguishers are present and operating correctly?</li> <li>2. How do you document these inspections? (dated checklist?)</li> <li>3. How often do you conduct evacuation drills, and how do you document them?</li> <li>4. Do you have an outside gathering spot where residents should meet in the event the house needs to be evacuated?</li> </ol>	
<p>19.a. Verification that emergency numbers, procedures (including overdose and other emergency responses) and evacuation maps are posted in conspicuous locations.</p>		<p>Confirm during site visit.</p>
<p>19.b. Documentation that emergency contact information is collected from residents.</p>	<p><input type="checkbox"/> I collect resident emergency contact information.</p>	<p>Review resident file.</p>

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	How do you collect a resident's emergency contact information?	
19.d. Verification that Naloxone is accessible at each location, and appropriate individuals are knowledgeable and trained in its use.	<input type="checkbox"/> We have at least two doses of unexpired Naloxone in the premises and residents are informed on the location of, and the proper administration of, Narcan/Naloxone.  How are the residents trained in administering Naloxone?	Confirm during site visit.
21.b. Evidence that residents increase recovery capital through such things as recovery support and community service, work/employment, etc.	<input type="checkbox"/> Operator works with resident to identify recovery community support activities and helps resident attend  <input type="checkbox"/> Operator helps resident identify recovery capital needs, and works with resident to form goals on their recovery plans to meet those needs	
22.a. Resource directories, written or electronic, are made available to residents.  22.b. Staff and/or resident leaders educate residents about local community-based resources.	What resource directories/flyers are available for residents?   What are some of the local resources you share with residents?	Look for postings, resources.  Tell operator about our resource spreadsheet.
23.a. A weekly schedule details recovery support services, events, and activities.		Review postings/calendars/schedules.
26.c. Evidence that mechanisms exist for residents to inform and help guide operations and advocate for community-building.	During house meetings, are residents given the opportunity to raise issues or make suggestions?	

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<p>27. Sustain a “functionally equivalent family” within the residence by meeting at least 50% of the following (a-f)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Residents are involved in food preparation.</li> <li><input type="checkbox"/> Residents have control over who they live with.</li> <li><input type="checkbox"/> Residents help maintain and clean the home e.g., chores.</li> <li><input type="checkbox"/> Residents share in household expenses.</li> <li><input type="checkbox"/> We have house meetings at least once a week.</li> <li><input type="checkbox"/> Residents have access to the common areas of the home.</li> </ul>	
<p>28.a. Engagement in informal activities is encouraged.</p> <p>28.c. Community gatherings, recreational events and/or other social activities occur periodically.</p>	<p>How do you encourage residents to socialize by engaging in informal activities (common meals, celebrations, outside events)?</p>	
<p>29.a. Residents are linked to mutual aid, recovery activities and recovery advocacy opportunities.</p> <p>29.b. Residents find and sustain relationships with one of more recovery mentors or mutual aid.</p> <p>29.c. Residents attend mutual aid meetings or equivalent support services in the community.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We provide residents with 12 step meeting lists, info on local recovery centers, etc.</li> <li><input type="checkbox"/> We encourage residents to attend 12 step meetings and to obtain a sponsor.</li> </ul>	
<p>29.f. Residents are encouraged to sustain relationships inside the residence and with others in the external recovery community</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Residents are permitted to participate in recognized recovery community meetings and events that support their chosen pathway to recovery</li> </ul>	

## ON-SITE REVIEW CHECKLIST

31.b. Parking courtesy rules are documented.	Please tell me what you inform residents concerning parking in the area?	
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I certify that to the best of my knowledge my organization complies with the MASH standards and the checked provisions herein for all our MASH certified homes.

Signature: \_\_\_\_\_

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

Print name and title: \_\_\_\_\_

Interviewer: \_\_\_\_\_



# MASH

## Housing Inspection Checklist

Name of Organization	
Property Address	
Property Owner if different	
Inspectors	
Type of inspection (initial, Special or Re-inspection)	
Date of Inspection	
Number of Bedrooms	
Number of Bathrooms	

<b>HOUSE EXTERIOR</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
Exterior Condition		
Garage Condition if applicable		
House Numbers visible from street		
Mailbox		
Condition of Foundation		
Condition of Stairs, Rails, and Porches		
Condition of Roof/ Gutters		
Condition of Exterior Surfaces		
Condition of Chimney		
Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

# MASH

<b>ENTRANCE</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
Telephone Available (not mandatory)		
Rules and Bill of Rights		
Furniture in good condition		
Smoke detectors		
Electricity		
Electrical Hazards		
Security		
Window Condition		
Ceiling Condition		
Wall Condition		
Floor Condition		
Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

<b>Living Room</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
<b>Floor B 1 2 3 4</b>		
Furniture in good condition		
Smoke detectors		
Electricity		
Electrical Hazards		
Security		
Window Condition		
Ceiling Condition		
Wall Condition		
Floor Condition		
Are all painted surfaces free of deteriorated paint?		

# MASH

If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

<b>Kitchen</b> Floor B 1 2 3 4	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
Appliances in working condition		
Smoke detectors		
Fire Extinguishers		
Hot & Cold Water		
Food available		
Eating area present and Furniture in good condition		
Electricity		
Electrical Hazards		
Security		
Window Condition		
Ceiling Condition		
Wall Condition		
Floor Condition		
Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

<b>Laundry</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
Washer & Dryer in good condition		
General Comments:		

# MASH

Heating and Plumbing	Any comments or corrections requested	Pass or Fail
Adequacy of Heating Equipment		
Safety of Heating Equipment		
Ventilation / Cooling		
Water Heater		
Approvable Water Supply		
Plumbing		
Sewer Connection		
General Comments:		

General Health and Safety	Any comments or corrections requested	Pass or Fail
Access to Unit		
Fire Exits		
Evidence of Infestation		
Garbage and Debris		
Refuse Disposal		
Interior Stairs and Common Halls		
Other Interior Hazards		
Elevators		
Interior Air Quality		
Site and Neighborhood Conditions		
Narcan (two kits)		
Carbon Monoxide Detectors		
<p data-bbox="94 1497 690 1539">Are all painted surfaces free of deteriorated paint?</p> <p data-bbox="94 1581 690 1686">If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?</p>		

# MASH

General Comments:
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<b>BEDROOM 1</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
<b>Floor</b> B 1 2 3 4		
<b># of beds:</b> 1 2 3 4 _____		
Furniture in Good Condition		
Adequate Space per person		
Smoke Detectors		
Electricity		
Electrical Hazards		
Security		
Window Condition		
Ceiling Condition		
Wall Condition		
Floor Condition		
Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

<b>BEDROOM 2</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
<b>Floor</b> B 1 2 3 4		
<b># of beds:</b> 1 2 3 4 _____		
Furniture in Good Condition		
Adequate Space per person		
Smoke Detectors		
Electricity		
Electrical Hazards		
Security		
Window Condition		

# MASH

Ceiling Condition		
Wall Condition		
Floor Condition		
Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

<b>BEDROOM 3</b> <b>Floor B 1 2 3 4</b> <b># of beds: 1 2 3 4 _____</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
Furniture in Good Condition		
Adequate Space per person		
Smoke Detectors		
Electricity		
Electrical Hazards		
Security		
Window Condition		
Ceiling Condition		
Wall Condition		
Floor Condition		
Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

<b>BEDROOM 4</b> <b>Floor B 1 2 3 4</b> <b># of beds: 1 2 3 4 _____</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
Furniture in Good Condition		

# MASH

Adequate Space per person		
Smoke Detectors		
Electricity		
Electrical Hazards		
Security		
Window Condition		
Ceiling Condition		
Wall Condition		
Floor Condition		
Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

<b>BEDROOM 5</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
<b>Floor</b> <b>B</b> <b>1</b> <b>2</b> <b>3</b> <b>4</b>		
<b># of beds:</b> <b>1</b> <b>2</b> <b>3</b> <b>4</b> _____		
Furniture in Good Condition		
Adequate Space per person		
Smoke Detectors		
Electricity		
Electrical Hazards		
Security		
Window Condition		
Ceiling Condition		
Wall Condition		
Floor Condition		
Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

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<b>BATHROOM 1</b> <b>Floor B 1 2 3 4</b> <b>Half Full</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
Hot & Cold Water		
Tub/Shower/Sink Toilet Working Properly		
Ventilation		
Electricity		
Electrical Hazards		
Security		
Window Condition		
Ceiling Condition		
Wall Condition		
Floor Condition		
Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?		
General Comments:		

<b>BATHROOM 2</b> <b>Floor B 1 2 3 4</b> <b>Half Full</b>	<b>Any comments or corrections requested</b>	<b>Pass or Fail</b>
Hot & Cold Water		
Tub/Shower/Sink Toilet Working Properly		
Ventilation		
Electricity		
Electrical Hazards		
Security		
Window Condition		
Ceiling Condition		
Wall Condition		



