

New Hampshire

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Licensure Term Assisted Living Residence-Residential Care and Supported Residential Health Care Facility

Definition Supported Residential Health Care Facilities: A long-term care residence providing personal assistance at the supported residential care level pursuant to state law. State law defines supported residential health care as reflecting the availability of social or health services, as needed, from appropriately trained or licensed individuals, who need not be employees of the facility, but shall not require nursing services complex enough to require 24-hour nursing supervision. Such facilities may also include short-term medical care for residents of the facility who may be convalescing from an illness and these residents shall be capable of self-evacuation.

Assisted Living Residence-Residential Care: A long term care residence providing personal care at the residential care level pursuant to state law. State law defines residential care as requiring a minimum of regulations and reflecting the availability of assistance in personal and social activities with a minimum of supervision or health care, which can be provided in a home or home-like setting.

Regulatory and Legislative Update The New Hampshire Department of Health and Human Services, Health Facilities Administration, licenses two categories of assisted living residences: (1) Supported Residential Health Care Facilities and (2) Assisted Living Residence-Residential Care Facilities.

Requirements for the two categories of assisted living residences are the same unless otherwise noted.

Under Senate Bill 281, which was signed into law on July 8, 2022, facilities must, by September 6, 2022, have policies in place where charges can take place no later than 10 days following a resident's death, or following removal of personal effects that impair new occupancy, whichever is later. If the room is occupied by a new resident before the expiration of the 10-day period, rent and fees for the 10-day period shall be prorated from

the date of such occupancy and returned to the family, estate, or other responsible party.

Effective July 1, 2023, as required by RSA 151:6 any licensee or applicant desiring to make renovations, modifications, reconstruction, and/or additions to its facilities or to construct new facilities shall submit architectural plans and specifications to the NH Division of Fire Safety, state fire marshal's office 60 days prior to commencing such work.

Facility Scope of Care

Supported Residential Health Care Facilities: Must provide the following core services including, but not limited to: the presence of staff whenever a resident is in the facility; health and safety services to minimize the likelihood of accident or injury, protective care and oversight provided 24 hours a day; emergency response and crisis intervention; assistance with taking and ordering medications; food service; housekeeping, laundry, and maintenance; availability of on-site activities; assistance in arranging medical and dental appointments, including assistance in arranging transportation to and from such appointments and reminding the residents of the appointments. The facility shall provide and supervision of residents when required. The facility must provide access, as necessary, to nursing services, rehabilitation services, and behavioral health care. The facility shall assist with arranging transportation to community programs, such as religious services and cultural, social, educational and recreational activities according to the availability of such services in the surrounding communities.

Assisted Living Residence-Residential Care: Must provide the following core services including, but not limited to: health and safety services to minimize the likelihood of accident or injury, with 24-hour protective care and oversight; emergency response and crisis intervention; assistance with taking and ordering medication; food service; housekeeping, laundry, and maintenance; availability of activities; assistance in arranging medical and dental appointments; and supervision of residents when required. The facility shall assist with arranging transportation to community activities, as available, designed to meet the individual interests of residents to sustain and promote physical, intellectual, social, and spiritual well-being of all residents.

Limitations of Services

Supported Residential Health Care Facilities: May only admit persons whose needs are compatible with the facility and the services and programs offered, and whose needs can be met by the Supported Residential Health Care Facility.

Assisted Living Residence-Residential Care: May only admit or retain a person who: has needs that can be met by the facility; is and remains mobile; can self-evacuate or equivalency to safely

evacuate; has needs that can be met by the facility personnel and which do not prevent the resident from being able to safely evacuate; and does not require special equipment for transfers to or from a bed or chair. Residents must be capable of self-evacuation without assistance and only require assistance with personal care (as defined by National Fire Protection Association (NFPA) 101). Locked or secure buildings are prohibited for Assisted Living Residence-Residential Care facilities.

Move-in Requirements Including Required Disclosures/Notifications

There is a required disclosure summary form that must be made available to residents prior to admission. The information provided includes, among other things: the base rate charged by the facility and the services provided in that rate; staff coverage; transportation; and other services offered. In addition, at the time of admission the licensee must provide the resident with a copy of the resident service agreement. This agreement describes the services to be provided, cost, and relevant policies and procedures detailed in regulations.

Resident Assessment Requirements and Frequency

All facilities shall, prior to accepting a new resident and every 6 months thereafter or after any significant change assess each resident's needs using a needs determination assessment called the CARES tool to determine that the needs of the individual are compatible with the facility and the services and programs offered within the facility. A CARES tool can be obtained by calling (603) 271-9039 or going to the state of New Hampshire website at <https://www.dhhs.nh.gov/doing-business-dhhs/licensing-certification/health-facilities-administration>.

Residents must have an annual health assessment unless the primary care provider determines annually that a health assessment is not necessary and specifies in writing an alternative time frame, or the resident annually refuses in writing.

Medication Management

Supported Residential Health Care Facilities: Residents can receive medication by any one of the following methods: self-administered without assistance with specific requirements in regulations; self-directed administration of medication with specific requirements in regulations; self-administered with assistance with specific requirements in regulations; or administered by individuals authorized by law.

Assisted Living Residence-Residential Care: Residents can receive medication by any one of the following methods: self administration of medication without assistance as defined in regulations; self-directed medication administration as defined in regulations; self administration of medication with assistance as defined in regulations; or administered by individuals authorized by law, including via delegation pursuant to regulations.

Staffing Requirements

For both levels of licensure, facilities must meet the needs of residents.

Licensees must provide staff with training that meets the needs of residents.

Facilities must employ a full-time administrator who is responsible for day-to-day operations. Full time means at least 35 hours per week, which can include evening and weekend hours.

There are no staffing ratio requirements. Personnel levels are determined by the administrator and based on the services required by residents and the size of the facility.

Both Supported Residential Health Care Facilities and Assisted Living Residence-Residential Care licensees shall obtain and review a criminal record check for all applicants for employment and household members 17 years of age or older and verify their qualifications prior to employment. Unless a waiver is granted, licensees shall not offer employment for any position or allow a household member to continue to reside in the residence if the individual or household member has been convicted of a felony in any state; has been convicted of sexual assault or other violent crime, assault, fraud, abuse, neglect or exploitation or otherwise poses a threat to the health, safety or well-being of a resident.

The licensee shall educate personnel about the needs and services required by the residents under their care and document such education to include demonstrated competencies.

Administrator/Director Education and Training Requirements

Supported Residential Health Care Facilities: Administrators of facilities licensed for 17 or more residents, shall have:

- (1) A Bachelor's degree from an accredited institution and two years of relevant experience working in a health care setting;
- (2) A state license as a registered nurse (RN) with at least two years of relevant experience working in a health care setting;
- (3) An Associate's degree from an accredited institution plus four years of relevant experience in a health care setting; or
- (4) A state license as a Licensed Practical Nurse (LPN) with at least four years of relevant experience working in a health care setting.

Supported Residential Health Care Facilities: Administrators of facilities licensed for 16 or fewer residents, shall have:

- (1) A bachelor's degree from an accredited institution and one year of relevant experience working in a health care setting;
- (2) A New Hampshire license as an RN, with at least one year of relevant experience working in a health care setting;

- (3) An associate's degree from an accredited institution plus 2 years of relevant experience working in a health care setting;
- (4) New Hampshire license as an LPN, with at least 2 years of relevant experience working in a health care setting; or
- (5) Be a high school graduate or have a GED with 6 years of relevant experience working in a health care setting with at least 2 of those years as direct care personnel in a long-term care setting within the last 5 years.

Assisted Living Residence-Residential Care: All administrators shall be at least 21 years old and have one of the following combinations of education and experience:

- (1) A Bachelor's degree from an accredited institution and one year of experience working in a health care facility;
- (2) A New Hampshire license as an RN and at least 6 months of experience working in a health care facility;
- (3) An Associate's degree from an accredited institution and at least 2 years of experience working in a health care facility; or
- (4) A New Hampshire license as an LPN and at least one year of experience working in a health care facility.

Administrators must complete a minimum of 12 hours of continuing education relating to the operation and services of the Assisted Living Residence-Residential Care or Supported Residential Health Care each annual licensing period.

Direct Care Staff Education and Training Requirements

All personnel must have orientation and training in the performance of their duties and responsibilities. Prior to having contact with residents or food, all personnel must receive orientation to include specified topics, such as the residents' rights, complaint procedures, position duties and responsibilities, medical emergency procedures, emergency and evacuation procedures, process for food safety, and mandatory reporting requirements. Facilities must provide all personnel with an annual continuing education or in-service education training on specified topics.

Under RSA 151:47 et seq., facilities are required to provide at least 6 hours of initial dementia care education for covered administrative staff members and covered direct service staff members, within 90 days of employment, and at least 4 hours of ongoing training each calendar year. The facility or staff providing the trainings shall issue a completion certificate which is portable between settings.

Quality Requirements

- (a) The ALR-RC shall develop and implement a quality improvement program that reviews policies and services and maximizes quality by preventing or correcting identified problems.
- (b) As part of its quality improvement program, a quality improvement committee shall be established.

(c) The ALR-RC shall determine the size and composition of the quality improvement committee based on the size of the facility and the care and services provided.

(d) The quality improvement committee shall:

(1) Determine the information to be monitored:

(2) Determine the frequency with which information will be reviewed;

(3) Determine the indicators that will apply to the information being monitored;

(4) Evaluate the information that is gathered;

(5) Determine the action that is necessary to correct identified problems;

(6) Recommend corrective actions to the ALR-RC; and

(7) Evaluate the effectiveness of the corrective actions and determine additional corrective actions as applicable.

(e) The quality improvement committee shall meet at least quarterly.

(f) The quality improvement committee shall generate dated, written minutes after each meeting.

(g) Documentation of all quality improvement activities, including minutes of meetings, shall be maintained on-site for at least 2 years from the date the record was created.

Infection Control Requirements

Both levels of licensure shall appoint an individual who will oversee the development and implementation of an infection control program that educates and provides procedures for the prevention, control, and investigation of infectious and communicable diseases.

The infection control program shall include written procedures for:

(1) Proper hand washing techniques;

(2) The utilization of universal precautions;

(3) The management of residents with infectious or communicable diseases or illnesses;

(4) The handling, storage, transportation, and disposal of those items identified as infectious waste in Env-Wm 904; and

(5) The reporting of infectious and communicable diseases required by He-P 301.

The infection control education program shall address at a minimum the:

(1) Causes of infection;

(2) Effects of infections;

(3) Transmission of infections; and

(4) Prevention and containment of infections.

Personnel infected with a disease or illness transmissible through food, fomites, or droplets shall not work in food service or provide direct care in any capacity until they are no longer contagious.

Personnel infected with scabies or lice shall not provide direct care to residents or work in food services until such time as they are no longer infected.

Personnel with a newly positive TB test or a diagnosis of suspected active pulmonary or laryngeal tuberculosis shall be excluded from the facility until a diagnosis of tuberculosis is excluded, or until the person is receiving tuberculosis treatment and has been determined to be noninfectious by a licensed practitioner.

Personnel with an open wound who work in food service or provide direct care in any capacity shall cover the wound at all times by an impermeable, durable, fitted bandage. If the facility has an incident of an infectious disease, the facility shall contact the public health nurse in the county in which the facility is located and follow the instructions and guidance of the nurse.

Emergency Preparedness Requirements

Each level of licensure shall have an individual or group, known as an emergency management committee, with the authority for developing, implementing, exercising, and evaluating the emergency management program.

The emergency management committee shall include the facility administrator and others who have knowledge of the facility and the capability to identify resources from key functional areas within the facility and shall solicit applicable external representation, as appropriate.

An emergency management program shall include, at a minimum, the following elements:

- (1) The emergency management plan, as described in (d) and (e) below;
- (2) The roles and responsibilities of the committee members;
- (3) How the plan is implemented, exercised, and maintained; and
- (4) Accommodation for emergency food and water supplies.

The emergency management committee shall develop and institute a written emergency preparedness plan to respond to a disaster or an emergency.

Life Safety Requirements

Supported Residential Health Care Facilities: The rule is in process of revision to clarify this language consistent with other regulations and codes regarding life safety, construction, and fire. Homes will be required to achieve equivalency with the state fire code. Smoke detectors that are hardwired and interconnected are required in every bedroom and on every level. A carbon monoxide monitor, and ABC-type fire extinguisher are required on every floor.

Assisted Living Residence-Residential Care: All residents must be able to self-evacuate as defined by NFPA 101. Homes at this level must comply at a minimum with the NFPA 101, the Residential Board and Care Occupancy chapter. This includes a sprinkler system as required by the state fire and building codes and smoke detectors that are hardwired and interconnected in every bedroom and on every level. New construction and

rehabilitation of existing facilities must use the Facility Guidelines Institutes “Guidelines for Design and Construction of Residential Health, Care, and Support Facilities,” Residential Healthcare chapter.

New Hampshire's Department of Health and Human Services enforces the State Fire Code, pursuant to RSA 153:5as adopted by reference, by the State Fire Marshal including, but not limited to, the NFPA 101 Life Safety Code, NFPA 1 Fire Code, and International Building Code.

Medicaid Policy and Reimbursement

A Medicaid Section 1915(c) home and community-based services waiver, Choices for Independence Waiver, covers services in assisted living. The 7-year-old statutory requirement that all of Medicaid long-term care transition into managed care was rescinded by the 2018 passage of House Bill 1816.

Citations

New Hampshire Code of Administrative Rules. (n.d.) Chapter He-P 800, PART He-P 804: Assisted Living Residence-Residential Care Licensing.

<https://www.dhhs.nh.gov/administrative-rules-health-facilities>

New Hampshire Code of Administrative Rules. (n.d.) Chapter He-P 800, PART He-P 805: Supported Residential Health Care Licensing. <https://www.dhhs.nh.gov/administrative-rules-health-facilities>

New Hampshire Code of Administrative Rules. (n.d.) Chapter He-P 800, Part He-P 813: Adult Family Care Residence. [March 29, 2011] <https://www.dhhs.nh.gov/administrative-rules-health-facilities>

Revised Statutes Annotated (2023) Title XI, Chapter 151: Residential Care and Health Facility Licensing.

<http://www.gencourt.state.nh.us/ras/html/xi/151/151-mrg.htm>

Department of Health and Human Services, Division of Community-Based Care Services. (n.d.) Home and Community Based Services Waivers. <https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/home-and-community-based-services-waivers>