## New Hampshire

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

**Opening Statement**  
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. Regulations for supported residential health care facilities, which were adopted in October 2006 and most recently revised effective April 2015, certain sections were revised in January 2022, allow nursing home eligible residents to remain in assisted living residences if appropriate care and services are provided. Regulations for assisted living residential care facilities, the lower level of care, were adopted in April 2008 and most recently revised effective November 2017, with certain sections revised in January 2022. This level is more of a social model, where medical or nursing care can be provided up to a maximum of 21 visits per incident that requires medical, nursing, or rehabilitative care or services unless the Department authorizes additional visits.

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

**Legislative and Regulatory Update**  
RSA 151:47 et seq., Dementia Training for Direct Care Staff in Residential Facilities, effective February 2020, had its enforcement deferred initially during the COVID-19 pandemic but is in full effect now.

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.

**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.

**Disclosure Items**

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 a copy of the resident service agreement. This agreement describes the services to be provided, cost, and relevant policies and procedures detailed in regulations.

**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; and supervision of residents when required. The facility must provide access, as necessary, to nursing services, rehabilitation services, and behavioral health care.

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.

Third Party Scope of Care

Supported Residential Health Care Facilities: If residents require ongoing medical or nursing care, they may remain, provided their needs are met by facility staff or a licensed home health care agency and the residence meets the health care chapter of the state fire code.

Assisted Living Residence-Residential Care: If a resident's health status changes so that the resident requires ongoing medical or nursing care, or the resident can no longer self-evacuate on his/her own, the resident must be transferred to a facility that is licensed to provide these services.

Admission and Retention Policy

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).
Resident Assessment

All facilities must assess each resident’s needs using a needs determination assessment called the CARES tool that 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.

The assessment must be completed no more than 30 days prior to admission or within 24 hours following admission, and every six months thereafter or after any significant change.

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.

Square Feet Requirements

Supported Residential Health Care Facilities: The square foot requirements vary depending on the size of the facility. For an Supported Residential Health Care Facility licensed for 16 or fewer residents, there shall be at least 80 square feet per room with a single bed and 160 square feet per room with two beds, exclusive of space required for closets, wardrobe, and toilet facilities.

In an Supported Residential Health Care Facility licensed for 17 or more residents, there shall be at least 100 square feet for each resident in each private-bedroom and at least 80 square feet for each resident in a semi-private bedroom, exclusive of space required for closets, wardrobes, and toilet facilities.
Bedrooms in an Supported Residential Health Care Facility licensed prior to the effective date of the applicable rule (October 25, 2006) must provide at least 80 square feet per resident in a private room and at least 70 square feet per resident in a semi-private room. The space requirements are exclusive of space required for closets, wardrobes, and bathroom.


Assisted Living Residence-Residential Care: Bedrooms shall have at least 100 square feet for each resident in each private bedroom and at least 80 square feet of space in each semi-private room. Assisted Living Residence-Residential Care facilities licensed prior to April 2008 shall provide at least 80 square feet per resident in a private room and at least 70 square feet in each semi-private room. The space requirements are exclusive of space required for closets, wardrobes, and bathroom.

**Residents Allowed Per Room**
A maximum of two residents is allowed per resident unit.

**Bathroom Requirements**
The number of sinks, toilets, and tubs/showers are in a ratio of one to every six residents.

**Life Safety**
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

New Hampshire’s Department of Health and Human Services enforces the State Fire Code, pursuant to RSA 153:5 as 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.

### Unit and Staffing Requirements for Serving Persons with Dementia

For both levels of licensure, facilities must meet the needs of residents. Locked or secure buildings are prohibited for Assisted Living Residence-Residential Care facilities.

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

### Staffing Requirements

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.

### Administrator Education/Training

Administrators in assisted living residences shall be at least 21 years of age.
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.

Administrators of facilities with 4 to 16 residents are required to meet one of the same combinations, but with only one year of experience is required for those with a Bachelor’s degree or licensed as an RN, or two years of experience for those with an Associate’s degree or licensed as an LPN. Additionally, an administrator can be a high school graduate or have a GED with six years of relevant experience working a health care setting, with at least two of those years as direct care personnel in a long-term care setting within the last five years.

Assisted Living Residence-Residential Care: All administrators appointed after the November 2017 effective date of the rules 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 each annual licensing period.
Staff Education/Training
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 continuing 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 hall issue a completion certificate which is portable between settings.

Entity Approving CE Program
None specified.

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.

COVID-19 Public Health Emergency
There are no permanent regulatory changes related to the COVID-19 public health emergency.

Citations
New Hampshire Code of Administrative Rules, Chapter He-P 800, PART He-P 804: Assisted Living Residential Care Licensing. [November 3, 2017]
https://www.dhhs.nh.gov/administrative-rules-health-facilities

New Hampshire Code of Administrative Rules, Chapter He-P 800, PART He-P 805: Supported Residential Health Care Licensing. [April 21, 2015]
https://www.dhhs.nh.gov/administrative-rules-health-facilities
