

New Hampshire

Agency	Department of Health and Human Services, Office of Legal and Regulatory Services, Bureau of Licensing and Certification
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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. Requirements for the two categories are the same unless otherwise noted.
Licensure Term	Assisted Living Residence-Residential Care and Supported Residential Health Care Facility
Definition	<p>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.</p> <p>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.</p>
Regulatory and Legislative Update	There are not recent legislative or regulatory changes.
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.

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.

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.

Staff Scheduling 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

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

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.

Medicaid Policy and Reimbursement

1915 (c) Choices for Independence (CFI) Waiver
<https://www.dhhs.nh.gov/programs-services/adult-aging-care/home-and-community-based-care>

Citations

<http://www.nhhca.org>
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