

# New Hampshire

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**Licensure Term** Assisted Living Residence – Supported Residential Health Care Facilities and Assisted Living Residence – Residential Care Facilities

**Opening Statement** The New Hampshire Department of Health and Human Services, Health Facilities Administration, licenses two categories of assisted living residences: supported residential health care facilities (SRHCF) and residential care facilities. Regulations for SRHCFs, which were adopted in October 2006 and most recently revised effective April 2015, allow nursing home-eligible residents to remain in assisted living residences if appropriate care and services are provided. Regulations for a lower level of care, assisted living residence – residential care (ALR-RC), were adopted in April 2008 and most recently revised effective November 2017. 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**

In November 2017, the state finalized significant changes to its ALR-RC rules. The changes include, but are not limited to: clarifications for orientation, training, and criminal background checks for personnel, volunteers, and qualified staff; resident admission, transfer, and discharge; requirements for specified ALR-RC policies; reporting of unusual incidents; medication services; administrator qualifications; the appointment of responsible individual responsible for an infection control program; requirements to develop and implement a comprehensive quality improvement program; and emergency preparedness.

There are no recent legislative changes finalized that affect assisted living.

**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 set forth in 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**

**SRHCF:** 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.

**ALR-RC:** 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**

SRHCF: 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.

ALR-RC: 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**

SRHCF: 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 SRHCF.

ALR-RC: May only admit or retain persons 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, except with some exceptions for hospice care; 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, 2009 edition).

### **Resident Assessment**

All facilities must assess each resident's needs using a standard resident assessment tool that can be obtained by calling (603) 271-9039 or going to the state of New Hampshire web site. The assessment must be completed no more than 30 days prior to admission or within 24 hours following admission, and every six months or after any significant change.

### **Medication Management**

SRHCF: 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.

ALR-RC: 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**

SRHCF: The square foot requirements vary depending on the size of the facility. For an SRHCF 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 SRHCF 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 SRHCF 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.

Any SRHCFs newly constructed or renovated after the April 2015 revision of He-P 805 shall follow the Facility Guidelines Institutes (FGI) "Guidelines for Design and Construction of Health Care Facilities," Residential Healthcare chapter, 2010 edition.

ALR-RC: 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. ALR-RC 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**

SRHCF: All new facilities must meet the health care chapter of NFPA 101 (2009 edition). Licensed homes doing additions or renovations must construct in compliance with the health care chapter. All other 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.

ALR-RC: All residents must be able to self-evacuate as defined by NFPA 101 (2009 edition). 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 the Facility Guidelines Institutes "Guidelines for Design and Construction of Residential Health, Care, and Support Facilities," Residential Healthcare chapter, 2014 edition.

New Hampshire's Department of Health and Human Services enforces the State Fire Code, Saf-C-6000, as adopted by reference, by the State Fire Marshal including, but not limited to, the 2009 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.

**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 SRHCF and ALR-RC licensees shall obtain and review a criminal records check from the New Hampshire Department of Safety for all applicants for employment and household members 18 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.

SRHCF: 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.

ALR-RC: 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 ALR-RC 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.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services 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, Chapter He-P 800, PART He-P 804: Assisted Living Residence-Residential Care Licensing. [November 3, 2017]  
<http://www.dhhs.nh.gov/oos/bhfa/documents/he-p804.pdf>

New Hampshire Code of Administrative Rules, Chapter He-P 800, PART He-P 805: Assisted Living Residence-Supported Residential Health Care Licensing. [April 21, 2015]  
<http://www.dhhs.nh.gov/oos/bhfa/documents/he-p805.pdf>

New Hampshire Code of Administrative Rules, Chapter He-P 800, Part He-P 813: Adult Family Care Residence. [March 29, 2011]  
<http://www.dhhs.nh.gov/oos/bhfa/documents/he-p813.pdf>

Revised Statutes Annotated, Title XI, Chapter 151: Residential Care and Health Facility Licensing.  
<http://www.gencourt.state.nh.us/rsa/html/xi/151/151-mrg.htm>

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