

# New Hampshire

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<b>Licensure Term</b>	Assisted Living Residence – Supported Residential Health Care Facilities and Assisted Living Residence – Residential Care Facilities
<b>Opening Statement</b>	The New Hampshire Department of Health and Human Services, Health Facilities Administration, licenses two categories of assisted living residences: supported residential health care facilities and residential care facilities. New regulations for supported residential health care facilities (SRHCF), 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, with a revision process to begin in August 2016. 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.
<b>Legislative and Regulatory Update</b>	There are no recent regulatory or legislative changes finalized that affect assisted living. Proposed rules would affect requirements for emergency preparedness and quality assurance plans, among other changes.
	Effective April 2015, the state updated its SRHCF rules, where most of the changes were to life safety and emergency preparedness requirements. The state began revising its rules for ALR-RC facilities, with the public process beginning in August 2016. The proposed rules for ALR-RC facilities are pending.
<b>Definition</b>	Supported Residential Health Care Facilities: A community-based long term care residence providing personal assistance. These homes are non-institutional and may be publicly or privately owned

and operated. They provide shelter, food, and protective oversight to a population of adult, elderly, disabled, special needs, and/or special care residents. SRHCF is designed for adults who may or may not qualify for nursing home care and can no longer manage independent living in their own homes. These residences provide a wide variety of support services based on the specific needs of the residents. Services may include nursing care, personal care, nutrition, homemaker services, and medication management.

Assisted Living Residence – Residential Care: A non-institutional, publicly- or privately-owned and operated community-based living arrangement providing shelter, food, and protective oversight to a population of adult, elderly, or disabled individuals. ALR-RC facilities are designed for adults who usually do not qualify for nursing home care but either can no longer manage independent living in their own homes or do not want to live alone. These residences provide a wide variety of support services based on the specific needs of residents. Services may include personal care, nutrition, homemaker services, and medication oversight.

#### **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.

#### **Facility Scope of Care**

SRHCF: Must provide the following core services including, but not limited to: protective services and oversight provided 24 hours a day; emergency response and crisis intervention; medication administration; food service; housekeeping; assistance in arranging medical 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: protective services intervention; medication administration; food service; housekeeping; assistance in arranging medical appointments; and supervision of residents when required. Medical and/or nursing or rehabilitative care can be provided in an ALR-RC facility up to 21 visits per incident that requires medical, nursing, or rehabilitative care or services unless the Department authorizes additional visits.

<b>Third Party Scope of Care</b>	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.
<b>Admission and Retention Policy</b>	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.
<b>Resident Assessment</b>	SRHCF: May only admit persons whose needs can be met by the facility and who can evacuate in accordance with the state fire code.
<b>Medication Management</b>	ALR-RC: May only admit or retain persons who: has needs that can be met by the facility; remains mobile; can self-evacuate; only require personal assistance, care and/or services; can perform his or her own glucose monitoring, if applicable; does not require medical, nursing or rehabilitative care or services except in specified circumstances; does not require a nursing or multi-disciplinary care plan except in specified circumstances; and does not require special equipment for transfers. 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).
<b>Square Feet Requirements</b>	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 and every six months or after any significant change.
	SRHCF: Residents may self-administer medications with or without staff supervision or self-direct medication administration, or licensed staff may administer medication. Nurse delegation of medications is also allowed.
	ALR-RC: Residents may self-administer medications with or without staff supervision or self-direct medication administration. Licensed staff may administer medications. Nurse delegation is allowed.
	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 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**

**Staffing Requirements**

For both levels of licensure, facilities must meet the needs of residents. Locked or secure buildings are prohibited for ALR-RC facilities. 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 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: (1) has been convicted of sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation; (2) has been found by the department or any administrative agency in any state for assault, fraud, abuse, neglect or exploitation of any person; or (3) otherwise poses a threat to the health, safety, or well-being of the residents.

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

Administrators of facilities with four 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: Administrators must meet one of the same education requirements as for SRHCF administrators, but with less experience required. For facilities with 17 or more residents, those with a bachelor's degree need one year of experience, licensed RNs need six months, those with associate degrees need two years of experience, or licensed LPNs need one year of experience.

For facilities with four to 16 residents, those with a bachelor's degree need six months of experience, licensed RNs do not need experience, those with an associate's degree or licensed LPN need one year of experience, and high school graduates or those with a GED need two years of experience in a health related field with at least one year as direct care personnel in a long-term care setting within the last five years.

Administrators must complete a minimum of 12 hours of continuing education per year relating to resident plan of care; characteristics of client disabilities; nutrition, basic hygiene, and dental care; first aid; medication management; dementia; resident assessment; aging; and resident rights.

### **Staff Education/Training**

All personnel must have orientation and training in the performance of their duties and responsibilities. Within the first seven days of employment, all personnel who have direct or indirect contact with residents must receive orientation to include specified topics, such as the residents' rights, complain procedures, position duties and responsibilities, and medical emergency procedures. 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.

### **Citations**

New Hampshire Code of Administrative Rules, Chapter He-P 800, PART He-P 804: Assisted Living Residence-Residential Care Licensing. [April 3, 2008]  
<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. [October 25, 2006]  
<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>