NEW HAMPSHIRE

Citation Assisted Living Residence -- Supported Residential Health Care: Chapter He-P805
Assisted Living Residence -- Residential Care Facilities: Chapter He-P804

General Approach and Recent Developments

New rules governing ALR-SRHC were issued in October 2006. Rules for ALR-RC, a social model of care, are being processed. The description below for RCFs is based on draft regulations developed prior to a public forum and are likely to be changed before they are promulgated.

Adult Foster Care

An adult family care residence is licensed any individual, agency, partnership, association or other legal entity offering two residents adult family care consisting of social or health services in a home-like environment. Such services may include, but are not limited to, providing supervision, medical monitoring, including supervision of medications and assistance with daily living activities. Any necessary clinical services and supports required by the residents may be offered or obtained by the provider. The state is revising the program and plans to expand it statewide. These rules shall apply to adult family care residences through June 30, 2007 when the pilot program will terminate. Available at: http://www.gencourt.state.nh.us/rules/he-p800.html (scroll down to he-p813).

Web Address	Content
http://www.dhhs.state.nh.us/DHHS/BEAS/LIBRARY/Form/standard-disclosure.htm	Disclosure form
http://www.gencourt.state.nh.us/rules/he-p800.html	Rules
http://www.gencourt.state.nh.us/rules/he-e600.html	Disclosure rules
http://www.dhhs.nh.gov/DHHS/BHFA/LIBRARY/Form/default.htm	Forms -- application, assessment tool
http://www.dhhs.nh.gov/DHHS/BHFA/LIBRARY/default.htm	List

Supply						
Category	2007		2004		2002	
	Facilities	Units	Facilities	Units	Facilities	Units
Assisted living residence -- supported residential health care	84	3,551	137	4,013	148	3,936
Assisted living residence -- residential care	58	732				

Definition

Supported Residential Health Care. ALR-SRHC means a long-term care residence providing personal assistance at the supported residential care level pursuant to RSA 151:9,

VII(a)(2)[4] and RSA 151:2 -- RCF, whether or not they are private homes or other structures built or adapted for the purpose of providing residential care, offering services beyond room and board to two or more individuals who may or may not be elderly or suffering from illness, injury, deformity, infirmity or other permanent or temporary physical or mental disability.

Assisted living residence-residential care means a long-term care residence providing personal assistance at the supported residential care level pursuant to RSA 151:9, VII(a)(1).

The statute indicates that residential care requires a minimum of regulation and reflects 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. Supported residential health care reflects the availability of social or health services, as needed, from appropriately trained or licensed individuals, who need not be employees of the facility, but residents 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 (with or without staff assistance). Supportive residential care serves residents who do not need 24-hour nursing care except on a short-term basis. Residents may need help with ADLs but must be able to evacuate with assistance. RCHs are a step below supported RCFs and provide supervision and some ADL assistance.

Unit Requirements

Units for 16 or fewer residents must have at least 80 square feet per one bed room and 160 square feet per room with two beds, exclusive of space required for closets, wardrobe, dressers, and toilet room. Rooms may be shared by two people. Facilities with 17 or more residents must offer 100 square feet for private rooms and 160 square feet for semi-private rooms. Sinks, toilets, tubs, and showers shall be available for every six residents.

[4] Allows facilities to serve residents "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." Such facilities shall include those:

(1) Offering residents home-like living arrangements and social or health services including, but not limited to, providing supervision, medical monitoring, assistance in daily living, protective care or monitoring and supervision of medications; or

(2) Offering residents social, health, or medical services including, but not limited to, medical or nursing supervision, medical care or treatment, in addition to any services included under subparagraph (1). Such homes or facilities shall include, but not be limited to, nursing homes, sheltered care facilities, rest homes, RCFs, board and care homes, or any other location, however named, whether owned publicly or privately or operated for profit.

Admission/Retention Policy

Supported Residential Health Care. Individuals may be admitted or retained whose needs are compatible with the facility and the services and programs offered, and whose needs can be met by the ALF-SRHC. Individuals who require lift equipment for transfers, all direct care personnel shall have been trained in the correct operation of such equipment.

ALR-SRHCs that admit or retain an individual who has a Stage III or higher pressure area the ALR-SRHC shall have a nurse available at the ALR-SRHC as necessary to meet the needs of the resident. Individuals who require 24-hour licensed nursing care or monitoring may be served only be if the resident requires short-term medical care, which is less than 21 days, and the resident remains capable of self evacuation; requires hospice care; or qualifies as allowed by RSA 151:2, IV[5] and RSA 151:9, VII(a)(2)[6].

Residents may be transferred or discharged if the resident's medical or other needs exceed the services offered by the licensee or are not otherwise met by third-party providers that the licensee has contracted with; the resident cannot be safely evacuated in accordance with Saf-C 6000; or the resident or the resident's guardian, if any, determines that the resident shall leave the facility.

Assisted living residence-residential care facilities may only admit and retain residents whose needs are compatible with the care, services and programs offered by the ALF-RC; whose needs can be met by the personnel of the ALF-RC; who remains mobile; can self-evacuate; only requires personnel assistance, care and or services; who can perform their own glucose monitoring, if applicable; does not require medical, nursing or rehabilitative care and or services except if the services are needed for no longer than 21 days, (unless the resident is mobile and capable of self-evacuating, and receives the services from their licensed practitioner or a licensed home health agency); does not require a nursing or multi-disciplinary care plan except as allowed; and does not require special equipment for transfers.

A resident that has lived at the ALF-RC for at least six months may receive services from a nursing home licensed home hospice provider for a period of up to six months provided that the licensee can evacuate the resident without jeopardizing the other residents or personnel.

Residential care homes can accept only those persons who are: (1) mobile and can self evacuate; (2) able to initiate and accomplish most ADLs but may require supervision or physical assistance; and (3) not in need of licensed or professional nursing or monitoring except for temporary episodic illness.

---

[5] Permits facilities to "admit residents who have been determined eligible for nursing facility services under a Medicaid HCBS waiver for the elderly and chronically ill and who have been referred to such a facility as an alternative to placement in a nursing facility, provided that the clinical services and supports required by the person can be provided or obtained in the facility."

[6] Allows facilities to serve residents "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."

Persons admitted for short stays must have a health examination conducted within 30 days prior to admission and include any orders and medications required by the resident; an assessment focused on the services needed by the resident; and an admission agreement which lists the services to be provided during the residence.

Persons admitted for more than a short-term stay must have a health exam conducted within 30 days prior to admission which addresses medical requirements; functional activities and limitations; medication needs and orders; and dietary needs. The administrator or designee in conjunction with the resident's provider and family/guardian must complete an initial assessment prior to admission and the administrator must ensure that assessments are completed at least every six months. The resident must receive a written list of services that will be provided; a list of services for which additional payment is required; rules of the home; information on, and procedures for, reserving a place in the home when the resident is hospitalized or out of the home for a period of time; grounds for termination of agreement; and notification required for involuntary transfer for reasons other than emergency situations.

RCHs may not accept any resident whose assessment indicates services are required which the facility cannot provide.

Nursing Home Admission Policy

A person is Medicaid eligible for nursing facility services if the person requires 24-hour care for one or more of the following purposes, as determined by HHS:

- Medical monitoring and nursing care;
- Restorative nursing or rehabilitative care;
- Medication Administration (or instruction and supervision of self-medication for discharge purposes only); or
- Assistance with two or more ADLs.

Services

Supported Residential Health Care. Core services include health and safety services to minimize the likelihood of accident or injury; emergency response and crisis intervention; medication services; food services, housekeeping and maintenance services; activities that sustain and promote physical, intellectual, social and spiritual well-being; assistance arranging medical and dental appointments; and personal supervision to offset cognitive deficits. Personal care services were omitted in error and were intended to be included as a core service.

Facilities must also provide access to nursing services including supervision and instruction of direct care personal, rehabilitation services, and behavioral health care services.

Each resident is assessed by a trained assessor using a Department approved resident assessment tool. Nursing assessments must be completed for residents with needs by the assessment process.

Residential care homes. Services include supervision; arrangement of appointments; crisis intervention; supervision in ADLs, nutrition, and medications and provision of or arrangement for transient medical care with licensed home health care providers; access to community services; and room and board.

If a resident's health status changes permanently to non-mobile or the resident requires medical or nursing care on an on-going basis, the home must either provide medical or nursing care from a licensed home health care provider on a contract basis; seek licensure to provide a higher LOC; or transfer the resident to another facility where medical and nursing care are available.

The home is responsible for arranging the provision of additional services to residents requiring care during a temporary episodic illness or convalescence following acute hospital care.

Supported residential care facilities provide housekeeping; verbal and physical assistance with ADLs; nutrition monitoring; meals; personal supervision when required to offset cognitive deficits that pose a risk to self or others; assistance with medications (verbal prompting, reminding, and some physical assistance); and provision for administration of medications by appropriately licensed persons directly or by contract with a licensed home health agency and for treatments ordered by a physician. Facilities shall provide or arrange with a licensed home health agency for short-term intermittent nursing care and less than 24-hour nursing or other medical monitoring care on an on-going basis.

Dietary

Staff responsible for food service must have knowledge of nutritional requirements and planning and preparation of prescribed diets. Facilities must provide three or more meals a day and snacks between meals and before retiring that meet the recommended dietary allowances of the National Research Council.

Agreements

Agreements must list the basic daily, weekly and monthly fee; a list of the core services covered by the basic fee; the timing and frequency of cost increases; the time period covered by the contract; house rules; grounds for immediate termination of the agreement; responsibility for discharge planning; information about nursing, supplies and other health care services not included in the core services (availability of services; the facility’s responsibility for arranging services; and the fee and payment for services if known); policies and procedures regarding arranging/providing transportation, arranging for third-party services (television, hairdresser);

handling resident funds, bed hold, storage and smoking; medication management services; and the list of grooming and personal hygiene supplies providing as part of the basic rate.

New Hampshire implemented legislation in 2003 requiring disclosure of information to allow residents to compare ALRs, independent retirement communities and elder housing and make informed choices. Regulations and a standard form were issued by the licensing agency. The rules require disclosure of whether the facility is licensed, the amount of the basic rate, the services included in the rate (e.g., assistance with specific ADLs, monitoring and supervision of medications, administration of mediations, personal laundry services (number of loads per week), housekeeping services; meals provided, transportation services, recreation and leisure activities, amenities in the living unit, and staffing (24-hour availability, licensed nurse, personal care attendant, nursing assistant and maintenance staff availability; deposits/advance payment requirements and refundability; and services not included in the basic rate and their cost.

Provisions for Serving People with Dementia

Disclosure requirements for all licensed facilities apply to those serving people with dementia.

Medication Administration

Administration of medications by licensed staff is allowed. Residents may self-direct administration of medications if their physical condition prevents them from self-administration and they verbally direct personnel to assist. Facility staff may remind residents to take medications, place containers within reach, observe, record and document observed or reported side effects. Staff may not physically handle the medication. Nurses may delegate administration to staff who are not licensed for medications administered by mouth. Licensed nursing assistants may administer medicinal shampoos and baths, glycerin suppositories and enemas, and topical products to intact skin under direction from a licensed nurse.

Public Financing

A Medicaid waiver was approved in 2000 that includes assisted living. The state also provides a state SSI supplement ($817 a month federal and state) for residents of ALFs to pay for room and board. The total payment includes a PNA of $56. Assisted living coverage is available in both non-licensed subsidized housing sites and licensed facilities. The state uses a flat Medicaid payment of $2,142 a month for services in licensed ALFs. Residents receive $50 per day in non-licensed elderly housing programs, including room and board paid by the resident. Family supplementation is allowed on a case by case basis, usually to allow a resident to live in a private room. In 2007, 75 facilities served 243 residents.

Medicaid Participation					
2007		2004		2002	
Facilities	Participants	Facilities	Participants	Facilities	Participants
75	243	42	176	37	178

Staffing

Administrators of facilities with 16 or fewer beds must be at least 21 and have a high school diploma or GED plus six years of work experience in a health field or an associate's degree from an accredited college or university in a health field and two years' experience; an LPN with two years' experience; an RN with one year's experience or a bachelor's degree and one year's experience.

Administrators appointed after the effective date of the rule in facilities licensed for 17 or more residents must have a bachelor's degree and two years' experience in a health-related field; an RN license and two years' experiences; an associate's degree and four years' experience in a health-related field or an LPN license and four years' experience in a health-related field.

Sufficient numbers of qualified staff must be available to meet resident needs. At least one awake staff must be on duty at all times except for facilities with eight or fewer beds if there is an electronic communication system, an installed wander prevention system for facilities serving residents with dementia and the facility meets the needs of residents at all times.

Training

Administrators must have 12 hours of continuing education each year.

Staff. Personnel shall have orientation and training that covers resident rights, complaint procedures, their duties and responsibilities, medical emergency procedures, emergency and evacuation procedures, infection control, food safety, and mandatory reporting requirements. On-going in-service training or continuing education must be provided annually on resident's rights, infection control, and the emergency plan.

Background Check

All applicants and staff must have a criminal background check from the Department of Safety. Facilities may not employ staff who have been convicted of sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation or otherwise pose a threat to health, safety or well-being of the residents. The Department may waive these requirements in certain instances. As of July 1, 2003 prior to a final offer of employment being made, the facility must have received and reviewed the results of criminal conviction record from the division of state police.

Monitoring

The licensing agency conducts annual inspections of facilities. The rules allow the following remedies: plan of correction, directed plan of correction, fines, monitoring or temporary management. Guidelines for the amount of the fines are included in the regulations.

Fees

$2.50 per bed.

RESIDENTIAL CARE AND ASSISTED LIVING COMPENDIUM: 2007

Files Available for This Report

REPORT INTRODUCTION (*including Cover, Table of Contents, Acknowledgments, and Acronyms*)

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom.pdf

SECTION 1. Overview of Residential Care and Assisted Living Policy

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.pdf

SECTION 2. Comparison of State Policies

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.pdf

SECTION 3. State Summaries

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.pdf

Each state's summary can also be viewed separately at:

Alabama	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAK.pdf
Arizona	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAZ.pdf
Arkansas	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAR.pdf
California	http://aspe.hhs.gov/daltcp/reports/2007/07alcomCA.pdf
Colorado	http://aspe.hhs.gov/daltcp/reports/2007/07alcomCO.pdf
Connecticut	http://aspe.hhs.gov/daltcp/reports/2007/07alcomCT.pdf
Delaware	http://aspe.hhs.gov/daltcp/reports/2007/07alcomDE.pdf
District of Columbia	http://aspe.hhs.gov/daltcp/reports/2007/07alcomDC.pdf
Florida	http://aspe.hhs.gov/daltcp/reports/2007/07alcomFL.pdf

Georgia	http://aspe.hhs.gov/daltcp/reports/2007/07alcomGA.pdf
Hawaii	http://aspe.hhs.gov/daltcp/reports/2007/07alcomHI.pdf
Idaho	http://aspe.hhs.gov/daltcp/reports/2007/07alcomID.pdf
Illinois	http://aspe.hhs.gov/daltcp/reports/2007/07alcomIL.pdf
Indiana	http://aspe.hhs.gov/daltcp/reports/2007/07alcomIN.pdf
Iowa	http://aspe.hhs.gov/daltcp/reports/2007/07alcomIA.pdf
Kansas	http://aspe.hhs.gov/daltcp/reports/2007/07alcomKS.pdf
Kentucky	http://aspe.hhs.gov/daltcp/reports/2007/07alcomKY.pdf
Louisiana	http://aspe.hhs.gov/daltcp/reports/2007/07alcomLA.pdf
Maine	http://aspe.hhs.gov/daltcp/reports/2007/07alcomME.pdf
Maryland	http://aspe.hhs.gov/daltcp/reports/2007/07alcomMD.pdf
Massachusetts	http://aspe.hhs.gov/daltcp/reports/2007/07alcomMA.pdf
Michigan	http://aspe.hhs.gov/daltcp/reports/2007/07alcomMI.pdf
Minnesota	http://aspe.hhs.gov/daltcp/reports/2007/07alcomMN.pdf
Mississippi	http://aspe.hhs.gov/daltcp/reports/2007/07alcomMS.pdf
Missouri	http://aspe.hhs.gov/daltcp/reports/2007/07alcomMO.pdf
Montana	http://aspe.hhs.gov/daltcp/reports/2007/07alcomMT.pdf
Nebraska	http://aspe.hhs.gov/daltcp/reports/2007/07alcomNE.pdf
New Hampshire	http://aspe.hhs.gov/daltcp/reports/2007/07alcomNH.pdf
New Jersey	http://aspe.hhs.gov/daltcp/reports/2007/07alcomNJ.pdf
New Mexico	http://aspe.hhs.gov/daltcp/reports/2007/07alcomNM.pdf
New York	http://aspe.hhs.gov/daltcp/reports/2007/07alcomNY.pdf
Nevada	http://aspe.hhs.gov/daltcp/reports/2007/07alcomNV.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2007/07alcomNC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2007/07alcomND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2007/07alcomOH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2007/07alcomOK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2007/07alcomOR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2007/07alcomPA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2007/07alcomRI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2007/07alcomSC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2007/07alcomSD.pdf
Tennessee	http://aspe.hhs.gov/daltcp/reports/2007/07alcomTN.pdf
Texas	http://aspe.hhs.gov/daltcp/reports/2007/07alcomTX.pdf
Utah	http://aspe.hhs.gov/daltcp/reports/2007/07alcomUT.pdf

Vermont	http://aspe.hhs.gov/daltcp/reports/2007/07alcomVT.pdf
Virginia	http://aspe.hhs.gov/daltcp/reports/2007/07alcomVA.pdf
Washington	http://aspe.hhs.gov/daltcp/reports/2007/07alcomWA.pdf
West Virginia	http://aspe.hhs.gov/daltcp/reports/2007/07alcomWV.pdf
Wisconsin	http://aspe.hhs.gov/daltcp/reports/2007/07alcomWI.pdf
Wyoming	http://aspe.hhs.gov/daltcp/reports/2007/07alcomWY.pdf