

NEW HAMPSHIRE

Overview

The Bureau of Health Facilities Administration in New Hampshire's Department of Health and Human Services (DHHS) requires adult day programs (ADPs) serving three or more individuals to be licensed. Licensing requirements apply to all ADPs regardless of funding sources, whether public or private pay. ADPs provide a medical model of care. The state also has a social model of care called adult day non-medical program services. Providers of both models have to meet licensing requirements.

In addition to complying with all licensing rules, an ADP that is physically located in a senior center, nursing home or assisted living residence/supported residential health care facility, must designate at least one room as the licensed ADP to be used exclusively by the participants and staff of that program, and must have a designated medication storage area.

The Medicaid State Plan program and the 1915(c) Choices for Independence Waiver program¹ pays for ADP services, which Medicaid calls adult medical day services.² The Medicaid program is administered by the DHHS Division of Community-Based Care Services, Bureau of Elderly and Adult Services. Adult medical day services are reimbursed only when provided by a licensed ADP that is also enrolled as a New Hampshire Medicaid provider.

Both ADP services and adult day non-medical program services can be reimbursed with funding under the Title XX Social Service Block Grant, and Title IIIB Supportive Services, under the Older Americans Act. Providers wishing to furnish such services must be licensed and under contract with the Bureau of Elderly and Adult Services. For participants receiving Title IIIB services, voluntary cost-sharing is encouraged.

The licensing regulations described in this summary apply to all ADPs, both medical and social. Adult day non-medical programs funded by the Title XX Social Service Block Grant and Title IIIB Supportive Services have some different requirements, which are not described here but can be found at the websites listed at the end of this summary.

¹ Formerly known as the Home and Community-Based Care program for the Elderly and Chronically Ill.

² Medicaid State Plan adult medical day program participants are those who do not meet the waiver program's nursing facility level of care eligibility requirement.

Definitions

Adult day program services means a program that provides one or more of the following services, for less than 12 hours a day, to participants age 18 years or older: (1) supervision; (2) assistance with activities of daily living; (3) nursing care; (4) rehabilitation; (5) recreational, social, cognitive and physical stimulation; and (6) nutrition. If services are reimbursed through Title IIIB funds, the participant must be age 60 years or older.

Adult medical day services is the term used by Medicaid for services provided at a facility licensed as an ADP. Services include the same array of social and health care services provided by all ADPs to eligible participants in accordance with an individual care plan for 4 or more hours per day on a regularly scheduled basis, for one or more days per week.

Adult day non-medical program services is the term used for the social model of ADP services reimbursed through Title XX and Title IIIB funds. Services are provided for a portion of the 24-hour day, in a community-based setting, and include a nutritious meal and support of the individual's needs for socialization and activities within a structured environment. If the services are reimbursed through Title IIIB funds, the participant must be age 60 years or older and also receive referrals to other resources and programs as needed.

Parameters for Who Can Be Served

Participants in ADPs are elderly or have a chronic illness or disability. Providers must not admit a participant whose needs exceed the services offered by the ADP. ADP services are not available to anyone who is primarily seeking services to support needs related to a diagnosis of mental illness or developmental disability. Providers may discharge any participant who poses a danger to self or others. The provider must develop a discharge plan with the input of the participant and the guardian or agent, if any.

Inspection and Monitoring

DHHS makes at least one annual unannounced inspection to determine that the licensed premises and all programs and services are in compliance with the provisions of the relevant licensing chapter and the administrative rules.

If an adult day care program has been inspected and is found to be deficiency-free for 2 consecutive years, it may be granted a 1-year waiver and thereafter may be inspected every other year, provided that the facility remains deficiency-free when it is inspected and is not the subject of a founded complaint investigation, and the facility remains under the same administrator who is responsible for its day-to-day operation.

Required and Optional Services

All ADPs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Adult Day Program	
	Required	Optional
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring/Health-Related Services	X	
Medication Administration	X	
Nursing Services	X	
Physical Therapy, Occupational Therapy, or Speech Therapy	X ¹	
Skilled Nursing Services	X	
Social Services	X	
Transportation	X ²	
1. Required for Medicaid adult medical day services if authorized in a participant's plan of care. These services are not included in the daily rate and are billed to the appropriate first payer (e.g., Medicare). 2. Required for Medicaid adult medical day services. Transportation is reimbursed by Medicaid at a per-person, per-trip rate in addition to the adult medical day services flat rate.		

Medication Provisions

All medications must be administered in accordance with the orders of a licensed practitioner or other professional with prescribing authority. Participants must receive their medications by one of the following methods: (1) self-administration; (2) self-directed administration, which means a participant, who has a physical limitation that prohibits him or her from self-administering, directs personnel to physically assist in the medication process; (3) self-administration with supervision, which means the participant takes his or her own medication after being prompted by personnel but without requiring physical assistance from others; or (4) administration by individuals authorized by law.

Personnel who are not otherwise licensed practitioners, nurses, or medication nursing assistants--and who assist a participant with self-administration with supervision, self-directed administration, or administration of medication through nurse delegation--must complete, at a minimum, a 4-hour medication supervision education program covering both prescription and non-prescription medication. The medication supervision education program must be taught by a licensed nurse, licensed practitioner or pharmacist, or other person who has undergone training by a licensed nurse, licensed practitioner, or pharmacist and must include:

1. Infection control and proper hand washing techniques.

2. The “five rights” of medication administration (the right participant, the right medication, the right dose, administered at the right time, and administered through the right route).
3. Documentation requirements.
4. General categories of medications such as anti-hypertensives or antibiotics.
5. Desired effects and potential side effects of medications.
6. Medication precautions and interactions.

The administrator may accept documentation of required training if it was previously obtained by the applicant for employment at another licensed ADP.

Staffing Requirements

Type of Staff. Each ADP must appoint a full-time *administrator* who may also hold the position of *licensed nurse*, if the person is a licensed nurse, or to hold the position of *activities coordinator*, if the ADP is limited by its license to 6 or fewer participants per day. Social services may be provided by the administrator, licensed nurse, or a *social worker*. The administrator must designate, in writing, an alternate staff person who will assume the responsibilities of the administrator in his or her absence; and must hire support staff necessary to assist the administrator in maintaining regulatory compliance.

The ADP must provide sufficient numbers of personnel who are present on the premises and are qualified to meet the needs of participants during all hours of operation. When an ADP is in operation, at least one personnel member must be present. This person must be currently certified in adult cardiovascular pulmonary resuscitation equivalent to basic life support, from either the American Red Cross or the American Heart Association.

Adult medical day programs reimbursed by Medicaid must have at least one full-time *registered nurse* or a *licensed practical nurse*, or both, available at the program’s location whenever one or more participants are present.

Any provider who admits or who has a participant with a diagnosis of dementia or Alzheimer’s disease must require all direct care personnel caring for the participant to be trained in the special care needs of participants with dementia or Alzheimer’s disease. The provider must also have a physical environment that has a safety and security system that prevents a participant from leaving the premises without the knowledge of staff, if: (1) the participant has wandered from the ADP in the last 60 days; (2) has had a change in wandering behavior as determined by a nursing assessment; or (3) is a danger to self or others.

Staffing Ratios. Minimum staffing ratios, which may be met by both nursing and activities personnel, are as follows: When fewer than eight participants are in attendance, at least one paid personnel member must be present at all times; when there are 8-16 participants in attendance, there must be at least two personnel present at all times, one of which must be a paid personnel member; when there are more than 16 participants in attendance, there must be a minimum of one personnel member for each additional eight participants or part thereof. Notwithstanding these minimum requirements, staffing ratios must be sufficient to meet the needs of all participants at all times.

Training Requirements

All personnel must receive an orientation within the first 3 days of work including: (1) the ADP's policies on patient's rights and responsibilities and complaint procedures; (2) the duties and responsibilities of the position they were hired for; (3) the ADP's policies, procedures and guidelines; (4) the ADP's infection control program; (5) the ADP's fire and emergency plans; and (6) any mandatory reporting requirements.

All personnel must complete annual continuing education, including a review of the ADP's policies and procedures relative to participant rights and complaint procedure, its infection control program, and its education program on fire and emergency procedures.

Location of Licensing, Certification, or Other Requirements

New Hampshire Revised Statutes Annotated (RSA) 151 serves as the legal authority for all adult day programs and licensing and program rules are promulgated in the *New Hampshire Code of Administrative Rules* Chapter He-P 818. In addition, the Medical Assistance Chapter He-E 800 describes requirements for adult medical day services providers.

State of New Hampshire Revised Statutes Online, Title XI, Hospitals and Sanitaria, Chapter 151: Residential Care and Health Facility Licensing. [2013]
<http://law.justia.com/codes/new-hampshire/2006/nhtoc-xi/151-2.html>

New Hampshire Code of Administrative Rules, Chapter He-P 800: Residential Care and Health Facility Rules (Part He-P 818: Adult Day Programs). Department of Health and Human Services. [March 18, 2008]
http://www.gencourt.state.nh.us/rules/state_agencies/he-p800.html

New Hampshire Code of Administrative Rules, Chapter He-E 800: Medical Assistance (Part He-P 801.16 and He-E 803: Adult Medical Day Care Services). Department of Health and Human Services. [October 28, 2011]
http://gencourt.state.nh.us/rules/state_agencies/he-e800.html

New Hampshire Code of Administrative Rules, Chapter He-E 500: Social Services. Department of Health and Human Services. [January 12, 2011] These rules apply to services funded by Title III B Supportive Services under the Older Americans Act and Title XX Social Service Block Grant.

http://www.gencourt.state.nh.us/rules/state_agencies/he-e500.html

Information Sources

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President
New Hampshire Adult Day Services Association
and
Director
Silverthorne Adult Medical Day Center

REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

Files Available for This Report

FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf
Arizona	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf
Arkansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf
California	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf
Colorado	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf
Connecticut	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf
Delaware	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf
District of Columbia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf
Florida	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf
Georgia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf
Hawaii	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf
Idaho	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf
Illinois	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf
Indiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf
Iowa	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf
Kansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf
Kentucky	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf
Louisiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf

Maine	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf
Maryland	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf
Massachusetts	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf
Michigan	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf
Minnesota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf
Mississippi	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf
Missouri	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf
Montana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf
Nebraska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf
Nevada	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf
New Hampshire	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf
New Jersey	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf
New Mexico	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf
New York	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf
Tennessee	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf
Texas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf
Utah	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf
Vermont	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf
Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf
Washington	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf
West Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf
Wisconsin	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf
Wyoming	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf