

#14548 (eff 3-31-26)

CHAPTER He-P 800 RESIDENTIAL CARE AND HEALTH FACILITY RULES

Statutory Authority: RSA 151:9

PART He-P 826 SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT FACILITIES

Readopt with amendment He-P 826.01 through He-P 826.13, effective 11-1-18 (Document #12658), to read as follows:

He-P 826.01 Purpose. The purpose of this part is to set forth the licensing requirements for all substance use disorder residential treatment facilities (SUD-RTF) pursuant to RSA 151:2, I(e).

He-P 826.02 Scope. This part shall apply to any individual, agency, partnership, corporation, government entity, association, or other legal entity operating a SUD-RTF except:

- (a) All facilities listed in RSA 151:2, II(a)-(i);
- (b) Substance use disorder facilities owned or operated by the department of corrections as part of an inmate's sentencing; and
- (c) All facilities which are owned or operated by the state of New Hampshire, pursuant to RSA 151:2, II(i).

He-P 826.03 Definitions.

- (a) "Abuse" means any one of the following:
 - (1) "Emotional abuse" means the misuse of power, authority, or both, verbal harassment, or confinement which results or could result in the mental anguish or emotional distress of clients;
 - (2) "Physical abuse" means the misuse of physical force which results or could result in physical injury to clients; or
 - (3) "Sexual abuse" means contact or interaction of a sexual nature involving clients without their informed consent.
- (b) "Activities of daily living (ADL)" means basic daily routine tasks such as eating, transferring, toileting, bathing, dressing, self-management, monitoring, or supervision of medications.
- (c) "Addition" means an increase in the building area, aggregate floor area, building height, or number of stories of a structure.
- (d) "Administer" means an act whereby one or more doses of a medication is instilled into the body, applied to the body of, or otherwise given to a person for immediate consumption or use by an individual authorized by law, including RSA 318-B and RSA 326-B.
- (e) "Administrative remedy" means an action imposed upon a licensee in response to non-compliance with RSA 151 and He-P 826.
- (f) "Administrator" means the individual appointed by the licensee to be responsible for all aspects of the daily operation of the licensed premise.
- (g) "Admission" means the point in time when a client, who has been accepted by a licensee for the provision of services, physically moves into the facility.

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(h) “Advance directive” means a directive allowing a person to give directions about future medical care or to designate another person to make medical decisions if they should lose the capacity to make health care decisions. The term includes “living wills” and “durable powers of attorney for health care”, in accordance with RSA 137-J, or a “surrogate decision-maker” in accordance with RSA 137-J:35.

(i) “Adverse drug reaction” means harm caused by a drug at normal doses.

(j) “Affiliated parties” means companies or individuals that serve as operators, landlords, management companies, or advisors, real estate or consulting companies, members of limited liability companies, administrative services companies, lenders, and companies providing financial guarantees, captive or affiliated insurance companies. This term includes “related parties”.

(k) “Agent” means an adult to whom authority to make health care decisions is delegated under an activated durable power of attorney for health care executed in accordance with RSA 137-J, or a surrogate decision maker in accordance with RSA 137-J:35-37.

(l) “Applicant” means an individual, agency, partnership, corporation, government entity, association, or other legal entity seeking a license to operate a SUD-RTF pursuant to RSA 151.

(m) “Area of non-compliance” means any action, failure to act, or other set of circumstances that cause(s) a licensee to be out of compliance with RSA 151, He-P 826, or other federal and state requirements.

(n) “Change of ownership” means the transfer of the controlling interest of an established SUD-RTF to an individual, agency, partnership, corporation, government entity, association, or other legal entity.

(o) “Chemical restraints” means any medication that is used to control a client’s behavior or emotional state without a supporting diagnosis or for the convenience of program personnel.

(p) “Clinical laboratory improvement amendments (CLIA)” means the requirements outlined at 42 CFR Part 493 which sets forth the conditions that all laboratories need to meet to be certified to perform testing on human specimens.

(q) “Client” means any person admitted to or in any way receiving care, services, or both from a SUD-RTF licensed in accordance with RSA 151 and He-P 826. This includes children residing in a SUD-RTF with a mother who is receiving SUD-RTF services.

(r) “Client record” means documents maintained for each client receiving care and services, which includes all documentation required by RSA 151 and He-P 826 and all documentation compiled relative to the client as required by other federal and state requirements.

(s) “Commissioner” means the commissioner of the New Hampshire department of health and human services, or their designee.

(t) “Contracted employee” means a temporary employee working under the direct supervision of the SUD-RTF but employed by an outside agency.

(u) “Controlling interest” means greater than 50% ownership interest.

(v) “Core services” means those services to be provided to any client by the licensee that are included in the basic rate.

(w) “Critical incident stress management (CISM)” means an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. Individuals undergoing CISM are able to discuss the situation that occurred and how it affects them and those around them allowing individuals to use

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this forum to acquire the tools necessary to hopefully limit post-traumatic stress related issues in their own lives and recognize it in others.

(x) “Days” means calendar days unless otherwise specified in the rule.

(y) “Demonstrated competency” means the ability of the employee to demonstrate to an evaluator that they are able to complete the required task in a way that reflects the minimum standard to a certificate of completion of course material or a post-test to the training provided.

(z) “Department” means the New Hampshire department of health and human services.

(aa) “Direct care” means hands on care and services to a client, including but not limited to medical, nursing, psychological, or rehabilitative treatments.

(ab) “Direct care personnel” means any person providing hands-on clinical care or hands-on services to a client including but not limited to medical, psychological, or rehabilitative treatments, bathing, transfer assistance, feeding, dressing, toileting, and grooming.

(ac) “Directed plan of correction” means a plan developed and written by the department that specifies the actions the licensee needs to take to correct identified areas of non-compliance.

(ad) “Discharge” means moving a client from a licensed facility or entity to a non-licensed facility or entity.

(ae) “Dietitian” means a person who is licensed under RSA 326-H.

(af) “Do not resuscitate order (DNR order)” means an order, signed by a licensed provider, that in the event of an actual or imminent cardiac or respiratory arrest, chest compression, and ventricular defibrillation will not be performed, the client will not be intubated or manually ventilated, and there will be no administration of resuscitation drugs. This term also includes “do not attempt resuscitation order (DNAR order)”.

(ag) “Doorway” means a state of New Hampshire program that offers assistance with accessing every level of treatment.

(ah) “Drug diversion” means the use of controlled substances for anything other than the intended purpose or not administered to the person whom it was prescribed.

(ai) “Dual-diagnosis” means a client who has signs and symptoms of a concurrent substance related and mental health disorder.

(aj) “Elopement” means when a client leaves the licensed premises or a safe area unsupervised or unnoticed without the knowledge of the licensee’s personnel, if knowledge and supervision is necessary.

(ak) “Emergency” means an unexpected occurrence or set of circumstances, which require immediate, remedial attention.

(al) “Emergency plan” means a document outlining the responsibilities of personnel in an emergency.

(am) “Employee” means anyone employed by the licensee and for whom the licensee has direct supervisory authority.

(an) “Enforcement action” means the imposition of an administrative fine, the denial of an application for a license, or the revocation or suspension of a license in response to non-compliance with RSA 151 or He-P 826.

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(ao) “Equipment” means any plumbing, heating, electrical, ventilating, air-conditioning, refrigerating, and fire protection equipment, and any elevators, dumbwaiters, escalators, boilers, pressure vessels, or other mechanical facilities or installations related to building services, not to include portable refrigerators. This term includes “fixtures”.

(ap) “Evaluation” means a multi-disciplinary assessment of level of function by healthcare professionals licensed or certified in the field of substance use disorder rehabilitation which enables facility staff to plan care that allows the client to reach their highest practicable level of physical, mental, and psychosocial functioning.

(aq) “Exploitation” means the illegal use of a client’s person or property for another person’s profit or advantage, or the breach of a fiduciary relationship through the use of a person or person’s property for any purpose not in the proper and lawful execution of a trust, including, but not limited to, situations where a person obtains money, property, or services from a client through the use of undue influence, harassment, duress, deception, or fraud.

(ar) “Facility” means “facility” as defined in RSA 151:19, II.

(as) “Full medical withdrawal management” means clients who receive 24-hour nursing supervision overseen by a licensed practitioner, who may be incapable of evacuating a facility on their own or may have medical conditions that require immediate medical intervention, such as seizures, tremors, delirium, cardiac, or a danger to themselves or others.

(at) “Guardian” means a person appointed in accordance with RSA 463, RSA 464-A, or the laws of another state, to make informed decisions relative to the client’s health care and other personal needs.

(au) “Health care occupancy” means the use of a building or structure, or a portion thereof, in which care or supervision is provided to persons who are or are not capable of self-preservation without physical assistance.

(av) “Incident command system (ICS)” means a standardized on-scene emergency management system specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents.

(aw) “Infectious waste” means “infectious waste” as defined in Env-Sw 103.32 and described in Env-Sw 904.

(ax) “Informed consent” means the decision by a person, or their guardian, personal representative, or agent to agree to a proposed course of treatment, after they have received full disclosure of the facts, including information about risks and benefits of the treatment and available alternatives, needed to make the decision intelligently.

(ay) “In-service” means an educational program, which is designed to increase the knowledge, skills, and overall effectiveness of personnel.

(az) “Inspection” means the process followed by the department to determine an applicant’s or a licensee’s compliance with RSA 151, He-P 826, and all other federal and state requirements or to respond to allegations of non-compliance with RSA 151 or He-P 826.

(ba) “Intoxication” means a clinical state marked by dysfunctional changes in physiological functioning, psychological functioning, mood state, or cognitive process as a consequence of consumption of a psycho-active substance.

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(bb) “Laboratory” means a facility or space within a facility used for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease,

(bc) “License” means the document issued by the department to an applicant or licensee which authorizes operation in accordance with RSA 151 and He-P 826, and includes the name of the licensee, the name of the business, the physical address, the license classification, the effective date, the name of the administrator, the type(s) of services authorized, the number of beds the facility is licensed for, and the license number.

(bd) “Licensed clinical supervisor” means a registered nurse (RN) licensed under the state of New Hampshire pursuant to RSA 326-B, or an individual licensed by the board of licensing for alcohol and other drug use professionals pursuant to RSA 330-C, or board of mental health practice to practice pursuant to RSA 330-A, and supervise substance use counseling who meets the initial licensing qualifications set forth in RSA 330-C:18.

(be) “Licensed counselor” means a master licensed alcohol and drug counselor (MLADC), a licensed alcohol and drug counselor (LADC), or a licensed mental health professional who has demonstrated competency in the treatment of substance use disorders.

(bf) “Licensed practitioner” means a:

- (1) Medical doctor;
- (2) Physician’s associate;
- (3) Advanced practice registered nurse (APRN);
- (4) Doctor of osteopathy;
- (5) Doctor of naturopathic medicine; or
- (6) Any other practitioner with diagnostic and prescriptive powers licensed by the appropriate state licensing board.

(bg) “Licensed premises” means the physical location that the department has approved for the licensee to conduct operations in accordance with its license.

(bh) “Licensee” means any person or legal entity to which a license has been issued pursuant to RSA 151.

(bi) “Licensing classification” means the specific category of services authorized by a license.

(bj) “Life safety code” means the adoption by reference of the life safety code, as published by the National Fire Protection Association and as amended by the state board of fire control and ratified by the general court pursuant to RSA 153:5.

(bk) “Limited medical withdrawal management” means clients are capable of evacuating the facility without assistance, medically cleared to participate in limited medical withdrawal management by a licensed practitioner prior to or at the time of admission, and not a danger to themselves or others. Clients may be receiving maintenance medication for the symptoms of withdrawal or side effects but do not need immediate medical intervention.

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(bl) “Mechanical restraint” means locked or secured SUD-RTFs or units within a SUD-RTF, or anklets, bracelets, or similar devices that cause a door to automatically lock when approached, thereby preventing a client from freely exiting the SUD-RTF or unit within.

(bm) “Medical director” means a licensed practitioner in New Hampshire in accordance with RSA 329 or RSA 326-B, who is responsible for overseeing the quality of medical care and services in a SUD-RTF.

(bn) “Medically cleared” means a determination made within 24 hours prior to admission by the medical director that an individual is physically capable of participating in facility activities and programming and not at risk of medical complications that would be unmanageable by the facility.

(bo) “Medication” means a substance available with or without a prescription, which is used as a curative, remedial, or palliative, supportive substance.

(bp) “Medication error” means any deviation in the administration of a medication as prescribed or in the documentation of such administration, with the exception of a client’s refusal.

(bq) “Modification” means the reconfiguration of any space, the addition, relocation, elimination of any door or window, the addition or elimination of load-bearing elements, the reconfiguration or extension of any system, or the installation of any additional equipment. The term does not include repair or replacement of interior finishes.

(br) “Neglect” means an act or omission which results or could result in the deprivation of essential services or supports necessary to maintain the minimum mental, emotional, or physical health and safety of a client.

(bs) “Notice to correct” means a report issued pursuant to RSA 151:6-a, II, following a life safety code inspection when a facility is found to be out of compliance with applicable life safety rules or codes.

(bt) “Nursing care” means the provision or oversight of a physical, mental, or emotional condition or diagnosis by a nurse.

(bu) “Orders” means an electronic or written document, or a verbal direction, by a licensed practitioner for medications, treatments, recommendations, and referrals, and signed or ordered by the licensed practitioner using terms such as authorized by, authenticated by, approved by, reviewed by, or any other term that denotes approval by the licensed practitioner.

(bv) “Over-the-counter medications” means non-prescription medications.

(bw) “Owner” means any person, corporation, association, or any other legal entity, whether organized for profit or not, holding or claiming ownership of, or title to, a license.

(bx) “Patient rights” means the privileges and responsibilities possessed by each client provided by RSA 151:21. This term includes “resident rights” and “client rights.”

(by) “Patient’s personal representative” means “patient’s personal representative” as defined in RSA 151:19, V namely, “a person other than the licensee of, an employee of, or a person having direct or indirect ownership interest in a facility, who is designated in writing by a patient or patient’s legal guardian for a specific, limited purpose or for the general purpose of assisting the patient in the exercise of any rights”. This term includes “personal representative”.

(bz) “Performance-based design” means an engineering approach to fire protection design and construction based on:

- (1) Established fire safety goals and objectives;

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- (2) Deterministic and probabilistic analysis of fire scenarios; and
 - (3) Quantitative assessment of design alternatives against the fire safety goals and objectives using accepted engineering tools, methodologies, and performance criteria.
- (ca) “Personal care” means personal care services that are non-medical, hands-on services provided to a client including but not limited to assistance with ADLs.
- (cb) “Personnel” means an individual who is employed by the facility, a volunteer, or an independent contractor who provides direct or personal care services to clients.
- (cc) “Physical restraint” means the use of hands-on or other physically applied techniques to physically limit the client’s freedom of movement, such as forced escorts, holding, prone restraints, or other containment techniques.
- (cd) “Plan of correction (POC)” means a plan developed and written by the licensee, which specifies the actions that will be taken to correct non-compliance with applicable rules or codes identified at the time of a clinical or life safety inspection conducted pursuant to RSA 151:6-a or during the course of a complaint investigation conducted pursuant to RSA 151:6.
- (ce) “Point of care devices” means a system of devices used to obtain medical, diagnostic results including but not limited to:
- (1) A lancing or finger stick device to get the blood sample;
 - (2) A test strip or reagents to apply the blood sample for testing; or
 - (3) A meter or monitor to calculate and show the results; including:
 - a. Blood glucose meters, also called “glucometers”;
 - b. Prothrombin time (PT) and international normalized ratio (INR) anticoagulation meters; or
 - c. Cholesterol meter.
- (cf) “Point of care testing (POCT)” means laboratory testing performed using either manual methods or hand held instruments at or near the point of care, at the time and place of client care.
- (cg) “Pro re nata (PRN) medication” means medication taken as circumstances might require in accordance with the licensed practitioner’s orders.
- (ch) “Procedure” means a licensee’s written, standardized method of performing duties and providing services.
- (ci) “Protective care” means the provision of client monitoring services which includes:
- (1) Knowledge of client whereabouts;
 - (2) Minimizing the likelihood of accident or injury; and
 - (3) Other means of ensuring client safety.
- (cj) “Qualifications” means education, experience, and skill requirements specified by the federal government, state government, an accredited professional review agency, or by policy of the licensee.

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(ck) “Qualified personnel” means personnel that have been trained and have demonstrated competency to adequately perform tasks which they are assigned, including but not limited to nursing staff, clinical staff, housekeeping staff trained in infection control, and kitchen staff trained in food safety protocols.

(cl) “Reconstruction” means the reconfiguration of a space that affects an exit or a corridor shared by more than one occupant space, or the reconfiguration of a space such that the rehabilitation work area is not permitted to be occupied because existing means of egress and fire protection systems, or their equivalent, are not in place or continuously maintained.

(cm) “Rehabilitation” means any of the following undertaken in an existing building, as defined in this section:

- (1) Addition;
- (2) Modification;
- (3) Reconstruction;
- (4) Renovation; and
- (5) Repair.

(cn) “Removal” means requesting an individual to remove themselves to an area with fewer distractions until they can participate in activities without disrupting the client’s current social environment according to a written behavioral program.

(co) “Renovation” means the replacement in kind or strengthening of building elements, or upgrading of building elements, material, equipment, or fixtures, without involving the reconfiguration of spaces.

(cp) “Repair” means the patching, restoration, or painting of materials, elements, equipment, or fixtures for the purpose of maintaining such materials, elements, equipment, or fixtures in good or sound condition.

(cq) “Reportable incident” means an occurrence of any of the following while the client is either in the SUD-RTF or in the care of SUD-RTF personnel:

- (1) The unanticipated death of the client;
- (2) An injury to a client, that is of a suspicious nature under circumstances where the injury was not observed by any person or the cause of the injury could not be explained by the client;
- (3) The elopement of a client;
- (4) Medication errors, which required medical intervention; and
- (5) Drug diversion.

(cr) “Residential treatment” means clients receive clinical treatment for substance use disorder in a residential setting but do not require limited or full medical withdrawal management. Clients may or may not require medication supervision and general oversight with regard to knowing the clients whereabouts but do not require medications for the signs and symptoms of withdrawal. This term:

- (1) Applies to:
 - a. Residential treatment facilities where the residence has paid staff who provide clinical services, 24-hour structure, staff available as needed, urine drug testing conducted,

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documentation maintained, and clinical treatment services that are required as a condition of residency and provided by the person, owner, developer, business organization, or any subsidiary thereof; and

b. Recovery housing where clinical treatment services are required as a condition of residency and provided by the person, owner, developer, business organization, or any subsidiary thereof; and

(2) Does not apply to intensive outpatient services certified pursuant to He-W 513.

(cs) “Self-administration of medication with assistance” means the client takes their own medication(s) after being prompted by personnel, but without requiring physical assistance from others.

(ct) “Self-administration of medication without assistance” means an act whereby the client takes their own medication(s) without the assistance of another person.

(cu) “Self-directed medication administration” means an act whereby a client, who has a physical limitation that prohibits them from self-administering directs personnel to physically assist in the medication process, which does not include assisting with infusions, injections, or filling insulin syringes.

(cv) “Self-preservation capability” means the ability of a client to act on an innate desire to protect oneself from harm without staff intervention.

(cw) “Service” means a specific activity performed by the licensee, either directly or indirectly, to benefit or assist a client.

(cx) “Significant change” means a change in cognitive or physical capabilities that decreases a client's ability to care for themselves beyond an episodic event.

(cy) “State building code” means “state building code” as defined in RSA 155-A:1, IV.

(cz) “State fire code” means “state fire code” as defined in RSA 153:1 and as amended by rules adopted pursuant to RSA 153:5.

(da) “State monitoring” means the placement of individuals by the department at the facility to monitor the operation and conditions of the facility.

(db) “Stock medication” means over-the-counter medication available for use by more than one client.

(dc) “Substance use disorder residential treatment facility (SUD-RTF)” means a place which provides residential substance use disorder treatment relating to the individual’s medical, physical, psychosocial, vocational, and educational needs.

(dd) “Therapeutic diet” means a diet ordered by a licensed practitioner or other licensed professional with prescriptive authority as part of the treatment for disease, clinical conditions, or increasing or decreasing specific nutrients in the food consumed by the client.

(de) “Transfer” means movement of a client from one licensed facility or entity to another licensed facility or entity when the legal responsibility for the care of the client changes from the transferring to the receiving facility.

(df) “Treatment plan” means a written guide developed by the licensee, in consultation with the licensed practitioner, personnel, the client, or the client’s guardian, personal representative, or agent as a result of the evaluation process for the provision of care and services.

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(dg) “Unanticipated death” means the death of a client that is not related to their diagnosis or underlying condition.

(dh) “Underwriters laboratories (UL) listed” means that the global safety certification company UL has confirmed that the product is safe for use.

(di) “Unlicensed staff” means those staff working at the SUD-RTF that perform direct care to clients but do not hold a license issued by the state of New Hampshire.

(dj) “Volunteer” means an unpaid person who assists with the provision of personal care services, food services, or activities, and who does not provide direct care or assist with direct care. This term does not include visitors or those persons who provide religious services or entertainment.

(dk) “Withdrawal management” means a residential treatment service provided by appropriately trained staff who provide 24-hour supervision, observation, and support for clients who are intoxicated or experiencing withdrawal with prescription medication administered based on the results of an appropriate evaluation tool.

He-P 826.04 License Application Submission.

(a) Each applicant for a license shall comply with the requirements of RSA 151:4, I–III-a and submit the following to the department:

(1) A completed application form entitled “Application for Residential, Health Care, or Special Health Care Services” (August 2025), signed by the owner if a private entity, 2 officers if a corporation, 2 authorized individuals if an association or partnership, or the head of the government agency if a government unit, affirming and certifying the following:

“I affirm that I am familiar with the requirements of RSA 151 and the rules adopted thereunder and that the premises are in full compliance. I understand that providing false information shall be grounds for denial, suspension, or revocation of the license and the imposition of a fine.”;

(2) A floor plan of the prospective SUD-RTF;

(3) If applicable, proof of authorization from the New Hampshire secretary of state to do business in the state of New Hampshire in the form of one of the following:

- a. “Certificate of Authority,” if a corporation;
- b. “Certificate of Formation,” if a limited liability corporation; or
- c. “Certificate of Trade Name,” where applicable;

(4) The applicable fee, in accordance with RSA 151:5, VI, payable in cash or, if paid by check or money order, in the exact amount of the fee made payable to the “Treasurer, State of New Hampshire”;

(5) A resume identifying the qualifications of the SUD-RTF administrator and medical director;

(6) Copies of applicable licenses for the SUD-RTF administrator and medical director;

(7) Written local approvals as follows:

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a. For an existing building, the following written local approvals shall be obtained no more than 90 days prior to submission of the application, from the following local officials or if there is no such official(s), from the board of selectmen or mayor:

1. The health officer verifying that the applicant complies with all applicable local health, drinking water, and wastewater requirements;
2. The building official verifying that the applicant complies with all applicable state building codes and local building ordinances;
3. The zoning officer verifying that the applicant complies with all applicable local zoning ordinances; and
4. The fire chief verifying that the applicant complies with the state fire code, and local fire ordinances applicable for a health care facility; and

b. For a building under construction, the written approvals required by a. above shall be submitted at the time of the application based on the local official's review of the building plans and upon completion of the construction project;

(8) If the SUD-RTF uses a private water supply, documentation that the water supply has been tested in accordance with RSA 485:33-43, Env-Dw 702.02, Env-Dw 704.02, or if a public water supply, a copy of a water bill;

(9) The results of a criminal records check to include results for the state of New Hampshire for the applicant(s), licensee if different from the applicant, administrator, and medical director for which the application is submitted;

(10) A copy of the SUD-RTF's residential service agreement;

(11) A copy of the non-conviction attestation form as described in He-P 826.18(v) for the administrator and medical director;

(12) The results of a bureau of adult and aging services (BAAS) registry check from BAAS for the administrator and medical director;

(13) Any waiver requests, exemptions, or variances to the rules by the department or the state fire marshal, if applicable;

(14) A complete description of all services provided or to be provided including a determination of which of the following tier(s) the facility falls into:

- a. Tier 1- full medical withdrawal management;
- b. Tier 2- limited medical withdrawal management; or
- c. Tier 3- residential treatment; and

(15) If the initial application is based on a change of ownership or category, a list of all employees granted waivers for criminal background check results from the department.

(b) The applicant shall mail or hand-deliver the documents to:

Department of Health and Human Services
Office of Legal and Regulatory Services

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Health Facilities Administration
129 Pleasant Street
Concord, NH 03301

He-P 826.05 Processing of Applications and Issuance of Licenses.

(a) An application for an initial license shall be complete when the department determines that all items required by He-P 826.04(a) have been received.

(b) If an application does not contain all of the items required by He-P 826.04(a) the department shall notify the applicant in writing of the items required before the application can be processed.

(c) Any licensing fee submitted to the department in the form of a check or money order and returned to the state for any reason, shall be processed in accordance with RSA 6:11-a.

(d) Licensing fees shall not be transferable to any other application(s).

(e) Unless a waiver has been granted, the department shall deny a licensing request in accordance with He-P 826.13(c) when it determines that the applicant, administrator, or medical director:

(1) Has been convicted of a felony in this or any other state;

(2) Has been convicted of a sexual assault, assault, other violent crime, fraud, theft, abuse, neglect, or exploitation in this or any other state;

(3) Has a finding by the department or any administrative agency in this or any other state for assault, fraud, theft, abuse, neglect, or exploitation of any person; or

(4) Otherwise poses a threat to the health, safety, or well-being of clients.

(f) Following both a clinical and life safety code inspection, a license shall be issued if the department determines that an applicant requesting an initial license is in full compliance with RSA 151 and He-P 826.

(g) All licenses issued in accordance with RSA 151 shall be non-transferable by person, location, or agency affiliation.

(h) A written notification of denial, pursuant to He-P 826.13(c)(10) will be sent to an applicant applying for an initial license if it has been determined by the inspection pursuant to (f) above and a maximum of 2 follow-up inspections, if needed, that the prospective premises are not in full compliance with RSA 151 and He-P 826.

(i) A written notification of denial, shall be sent to an applicant applying for an initial license if the department has received no communication from the applicant within 90 days of sending written notification to the applicant that their application is complete and an inspection needs to be scheduled.

He-P 826.06 License Expirations and Procedures for Renewals.

(a) A license shall be valid on the date of issuance and expire the following year on the last day of the month it was issued unless a completed application for renewal has been received.

(b) Each licensee shall complete and submit to the department an application form pursuant to He-P 826.04(a)(1) at least 120 days prior to the expiration of the current license to include:

(1) The current license number;

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(2) A request for renewal of any existing non-permanent waivers previously granted by the department, in accordance with He-P 826.10(f), if applicable;

(3) A list of any current employees who have a permanent waiver granted in accordance with He-P 826.18(d); and

(4) A copy of any temporary, new, or existing non-permanent variances or waivers applied for or granted by the state fire marshal, in accordance with RSA 153:5.

(c) In addition to (b) above, if a private water supply is used, the licensee shall provide documentation that every 3 years the water supply has been tested for bacteria and nitrates and determined to be at acceptable levels, in accordance with Env-Dw 702 for bacteria and Env-Dw 704.02 for nitrates.

(d) Following an inspection as described in He-P 826.09, a license shall be renewed if the department determines that the licensee:

(1) Submitted an application containing all the items required by (b) and (c) above as applicable, prior to the expiration of the current license; and

(2) Is found to be in compliance with RSA 151 and He-P 826, and all the federal requirements at the renewal inspections, or has submitted a POC that has been accepted by the department and implemented by the licensee if areas of non-compliance were cited.

(e) Any licensee who does not submit a complete application for renewal prior to the expiration of an existing license and does not intend to cease operation, shall be required to submit an application for an initial license pursuant to He-P 826.04 and shall be subject to a fine in accordance with He-P 826.13.

He-P 826.07 SUD-RTF New Construction or Existing Building Rehabilitation.

(a) As required by RSA 151:6, II, any licensee or applicant desiring to make renovations, modifications, reconstruction, and additions to its facilities or to construct new facilities shall submit architectural plans and specifications to the NH division of fire safety, state fire marshal's office 60 days prior to commencing such work.

(b) As required by RSA 153:10-b, V, sprinkler and fire alarm plans shall be submitted to the NH division of safety, state fire marshal's office and no device shall be installed until it has been approved by the NH division of fire safety, state fire marshal's office.

(c) The architectural, sprinkler, and fire alarm plans in (a) and (b) above shall accurately show the room designation(s) and exact measurements of each area to be licensed, including windows and door sizes and each room's use.

(d) New construction, renovations, modifications, reconstruction, and additions initiated prior to receiving NH state fire marshal's office approval shall be done at the licensee's or applicant's own risk.

(e) Any licensee or applicant who wants to use performance-based design to meet the fire safety requirements shall provide the department with documentation of fire marshal approval for such methods.

(f) A licensee or applicant undertaking new construction or renovations, modifications, reconstruction, and additions to its facility shall comply with the appropriate chapters and sections of the state fire code and state building code, state laws, rules, and local ordinances.

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(g) A licensee or applicant shall receive variances to the state fire code from the state fire marshal pursuant to Saf-C 6005.

(h) All newly constructed or rehabilitated facilities shall comply with the Facility Guidelines Institutes (FGI) “Guidelines for Design and Construction of Residential Health, Care, and Support Facilities” (2022 edition), as applicable, available as listed in Appendix A.

(i) Applicants and licensees shall contact the state fire marshal for exceptions to the FGI guidelines.

(j) Penetrations, holes, or other openings in fire walls, fire partitions, smoke barriers, floors, and ceilings that allow the transfer of fire, heat, or smoke shall be closed and sealed using a listed and approved fire system that provides an equivalent rating as provided by the original surface.

(k) All new construction and rehabilitated spaces, shall be subject to an inspection pursuant to He-P 826.09 prior to its use.

He-P 826.08 SUD-RTF Requirements for Organizational or Service Changes.

(a) The SUD-RTF shall provide the department with written notice at least 30 days prior to changes in any of the following:

- (1) Ownership;
- (2) Physical location;
- (3) Address;
- (4) Name;
- (5) Number of beds; or
- (6) Services, to include all services referenced in He-P 826.04(a)(14) or tier or level changes.

(b) The SUD-RTF shall complete and submit a new application and obtain a new or revised license, as applicable, prior to operating for:

- (1) A change in ownership;
- (2) A change in the physical location; or
- (3) An increase in number of clients or services beyond what is authorized under the current license; or
- (4) A change in services .

(c) When there is a change in the address without a change in location, the SUD-RTF shall provide the department with a copy of the notification from the local, state, or federal agency that requires the address change.

(d) When there is a change in the name, the SUD-RTF shall submit to the department a copy of the certificate of amendment from the New Hampshire secretary of state, if applicable.

(e) When there is to be a change in the services provided, the SUD-RTF shall provide the department with a description of the service change and, where applicable, identify what additional personnel will be hired

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and their qualifications, how the new services will be incorporated into the infection control and quality improvement programs, and describe what changes, if any, in the physical environment will be made.

(f) The department shall review the information submitted under (e) above and determine if the added services can be provided under the SUD-RTF's current license or if a new license category is required.

(g) An inspection by the department shall be conducted prior to operation for changes in the following:

- (1) Ownership, unless the current licensee is in full compliance, then an inspection shall be conducted as soon as practical by the department;
- (2) The physical location;
- (3) An increase in the number of beds or clients;
- (4) A change in license classification;
- (5) A change that placed the facility under a different life safety code occupancy chapter; or
- (6) A change in tier or level.

(h) A new license shall be issued for a change in ownership, classification, or a change in physical location.

(i) A revised license shall be issued for any of the following:

- (1) A change in name;
- (2) A change of administrator;
- (3) A change in the number of clients from what is authorized under the current license, if applicable;
- (4) A change in address without a change in physical location; or
- (5) When a waiver has been granted in accordance with He-P 826.10.

(j) The SUD-RTF shall inform the department in writing no later than 5 days prior to a change in administrator or medical director or as soon as practicable in the event of a death or other extenuating circumstances requiring an administrator change and provide the department with the following:

- (1) A resume identifying the name and qualifications of the new administrator or medical director;
- (2) The results of the criminal record check for the new administrator or medical director which shall include criminal history from the state of New Hampshire;
- (3) Copies of applicable licenses for the new administrator or medical director;
- (4) A copy of the non-conviction attestation as described He-P 826.18(v) for the new administrator or medical director; and
- (5) The results of a BAAS registry check from the bureau of adult and aging services for the new administrator or medical director.

(k) Upon review of the materials submitted in accordance with (j) above, the department shall make a determination as to whether the new administrator or medical director meets the qualifications for the position as specified in He-P 826.18(i) and (k).

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(l) If the department determines that the new administrator or medical director does not meet the qualifications, it shall notify the licensee in writing so that a waiver can be sought or the licensee can search for a qualified candidate.

(m) The SUD-RTF shall inform the department in writing via e-mail, fax, or mail of any change in the e-mail address as soon as practicable and in no case later than 10 days of the change. The SUD-RTF's email address shall be the primary method of correspondence used for all emergency notifications to the facility.

(n) A restructuring of an established SUD-RTF that does not result in a transfer of the controlling interest of the facility, but which might result in a change in the name of the facility or corporation, shall not constitute a change in ownership and a new license shall not be required.

(o) If a licensee chooses to cease operation of a SUD-RTF, the licensee shall submit written notification to the department at least 60 days in advance, which shall include a written closure plan that ensures adequate care of clients until they are transferred or discharged to an appropriate alternate setting.

He-P 826.09 Inspections.

(a) For the purpose of determining compliance with RSA 151 and He-P 826, as authorized by RSA 151:6 and RSA 151:6-a, the licensee shall admit and allow any department representative at any time to inspect the following:

- (1) The proposed or licensed premises;
- (2) All programs and services provided by the SUD-RTF; and
- (3) Any records required by RSA 151 and He-P 826.

(b) The department shall conduct a clinical and life safety code inspection as necessary, to determine full compliance with RSA 151 and He-P 826 prior to:

- (1) The issuance of an initial license;
- (2) A change in ownership, except as allowed by He-P 826.08(g)(1);
- (3) A change in the physical location of the SUD-RTF;
- (4) A change in the licensing classification;
- (5) An increase in the number of beds;
- (6) Occupation of space after construction or building rehabilitation; or
- (7) The renewal of a license.

(c) In addition to (b) above, the department shall conduct an inspection, as necessary, to verify the implementation of any POC accepted or issued by the department as part of the annual inspection, or as a follow-up inspection focused on confirming the implementation of a POC.

(d) A statement of findings for clinical inspections or notice to correct for life safety inspections shall be issued when, as a result of any inspection, the department determines that the SUD-RTF is in violation of any of the provisions of He-P 826, RSA 151, or other federal or state requirement(s).

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(e) If areas of non-compliance were cited in either a notice to correct or a statement of findings, the licensee shall submit a POC, in accordance with He-P 826.12(c) within 21 days of the date on the letter that transmits the inspection report.

He-P 826.10 Waivers.

(a) Applicants or licensees seeking waivers of specific rules in He-P 826 shall submit a written request for a waiver to the department that includes:

- (1) The specific reference to the rule for which a waiver is being sought;
- (2) A full explanation of why a waiver is necessary;
- (3) A full explanation of alternatives proposed by the applicant or license holder, which shall be equally as protective of public health and clients as the rule from which a waiver is sought or provide a reasonable explanation why the applicable rule should be waived; and
- (4) The period of time for which the waiver is sought if the waiver request is not for a permanent waiver.

(b) A waiver shall be permanent unless the department specifically places a time limit on the waiver.

(c) A request for waiver shall be granted if the department determines that the alternative proposed by the applicant or licensee:

- (1) Meets the objective or intent of the rule;
- (2) Does not negatively impact the health, safety, or well-being of the clients; and
- (3) Does not negatively affect the quality of client services.

(d) The licensee's subsequent compliance with the alternatives approved in the waiver shall be considered equivalent to complying with the rule from which waiver was sought.

(e) Waivers shall not be transferable.

(f) When a licensee wishes to renew a non-permanent waiver beyond the approved period of time, the licensee shall apply for a new waiver with the renewal application or at least 60 days prior to the expiration of the existing waiver, as appropriate, by submitting the information required by (a) above.

(g) If the request in (f) above is not received with the renewal application or at least 60 days prior to the expiration of the existing waiver, the rule(s) for which the waiver was previously requested shall not continue to be waived beyond the expiration of the current license.

(h) The request to renew a waiver shall be subject to (b) through (f) above.

He-P 826.11 Complaints.

(a) The department shall investigate any complaint that meets the following conditions:

- (1) The alleged violation(s) occurred not more than 6 months prior to the date the department was made aware of the allegation(s);

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(2) The complaint is based upon the complainant's first-hand knowledge regarding the allegation(s) or on information reported directly to the complainant by a person who has first-hand knowledge regarding the allegation(s); or

(3) There is sufficient specific information for the department to determine that the allegation(s), if proven to be true, would constitute a violation of any of the provisions of RSA 151 or He-P 826.

(b) When practicable, the complaint shall be in writing and contain the following information:

(1) The name and address of the SUD-RTF, or the alleged unlicensed individual or entity;

(2) The name, address, and telephone number of the complainant; and

(3) A description of the situation that supports the complaint and the alleged violation(s) of RSA 151 or He-P 826.

(c) Investigations shall use all techniques and methods for gathering information which are appropriate to the circumstances of the complaint including, but not limited to:

(1) Requests for additional information from the complainant or the facility;

(2) A physical inspection of the premises;

(3) Review of any relevant records; and

(4) Interviews with individuals who might have information that is relevant to the investigation.

(d) For a licensed SUD-RTF, the department shall:

(1) Provide written notification of the results of the investigation to the licensee along with an inspection report if areas of non-compliance were found as a result of the investigation;

(2) Notify any other federal, state, or local agencies of suspected violations of their statutes or rules based on the results of the investigation, as appropriate;

(3) Notify the licensee in writing and take no further action if the department determines that the complaint is unfounded, under (a) above, or does not violate any statutes or rules; and

(4) Require the licensee to submit a POC in accordance with He-P 826.12(c).

(e) The following shall apply for the unlicensed individual or entity:

(1) In accordance with RSA 151:7-a, II, the department shall provide written notification to the owner or person responsible that includes:

a. The date of investigation;

b. The reasons for the investigation; and

c. Whether or not the investigation resulted in a determination that the services being provided require licensing under RSA 151:2, IV;

(2) In accordance with RSA 151:7-a, II, the owner or person responsible shall be allowed 7 days from the date of receipt of the notice required by (e)(1) above to submit a written response to the findings or submit a completed application pursuant to He-P 826.04 prior to the department's issuance of a warning;

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(3) In accordance with RSA 151:7-a, I, the department shall issue a written warning, following an investigation conducted under RSA 151:6, to the owner or person responsible, requiring compliance with RSA 151 and He-P 826, if the owner of an unlicensed facility does not comply with (2) above, or if the department does not agree with the owner's written response to the findings;

(4) The warning in (e)(3) above, shall include:

- a. The time frame within which the owner or person responsible shall comply with the directives of the warning;
- b. The final date by which the action(s) requiring licensure shall cease or by which an application for licensure shall be received by the department before the department initiates any legal action available to it to cease the operation of the facility; and
- c. The right of the owner or person responsible to appeal the warning under RSA 151:7-a, III, which shall be conducted in accordance with RSA 151:8 and RSA 541-A:30, III, as applicable; and

(5) Any person or entity who fails to comply after receiving a warning as described in (e)(3) above, shall be subject to an action by the department for injunctive relief under RSA 151:17 and an administrative fine pursuant to He-P 826.13(d)(1).

(f) Complaint investigation files shall be confidential in accordance with RSA 151:13, and shall not be disclosed publicly, but shall be released by the department on written request only:

- (1) To the department of justice when relevant to a specific investigation;
- (2) To law enforcement when relevant to a specific criminal investigation;
- (3) When a court of competent jurisdiction orders the department to release such information; or
- (4) In connection with an adjudicative proceeding relative to the licensee.

He-P 826.12 Administrative Remedies.

(a) The department shall impose administrative remedies for violations of RSA 151, He-P 826, or other applicable licensing rules, including:

- (1) Requiring a licensee to submit a POC in accordance with (c) below;
- (2) Imposing a directed POC upon a licensee in accordance with (d) below;
- (3) Imposing conditions upon a license; or
- (4) Monitoring of a licensee.

(b) When administrative remedies are imposed, the department shall provide written notice, as applicable, which:

- (1) Identifies each area in which the licensee is not in compliance with RSA 151 or a provision of this chapter; and
- (2) Identifies the specific remedy(s) that has been imposed.

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(c) A POC shall be developed and enforced in the following manner:

(1) Upon receipt of a statement of findings or a notice to correct, the licensee shall submit its written POC for each item, detailing:

- a. How the licensee intends to correct each area of non-compliance;
- b. What measures will be put in place, or what system changes will be made to ensure that the non-compliance does not recur, to include how the measures will be evaluated for effectiveness;
- c. The date by which each area of non-compliance shall be corrected; and
- d. The position of the employee responsible for the corrective action;

(2) The licensee shall submit a written POC to the department within 21 days of the date on the letter that transmitted the statement of findings or notice to correct unless the licensee requests, either verbally or in writing, and the department agrees, to extend that deadline based on the following criteria:

- a. The licensee demonstrates that they have made a good faith effort, as verified by documentation or other means, to develop and submit the POC within the 21 day period but has been unable to do so; and
- b. The department determines that the health, safety, or well-being of a client will not be jeopardized as a result of granting the extension;

(3) The department shall review and accept each POC that:

- a. Achieves compliance with RSA 151 and He-P 826;
- b. Addresses all areas of non-compliance as cited in the statement of findings or notice to correct;
- c. Prevents a new violation of RSA 151 or He-P 826 as a result of the implementation of the POC; and
- d. Specifies the date upon which the areas of non-compliance shall be corrected;

(4) If the POC is acceptable, the department shall issue a license certificate or provide written notification of acceptance of the POC, whichever is applicable;

(5) If the POC is not acceptable, the department shall notify the licensee in writing within 14 days of the reason for rejecting the POC;

(6) The licensee shall develop and submit a revised POC within 14 days of the date of the written notification from the department that states the original POC was rejected unless, within the 14-day period, the licensee requests an extension, via telephone or in writing, and the department grants the extension, based on the following criteria:

- a. The licensee demonstrates that they have made a good faith effort, as verified by documentation or other means, to develop and submit the POC within the 14-day period but has been unable to do so; and

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b. The department determines that the health, safety, or well-being of a client will not be jeopardized as a result of granting the extension;

(7) The revised POC shall comply with (c)(1) above and be reviewed in accordance with (c)(3) above;

(8). If the revised POC is not acceptable to the department, or is not submitted within 14 days of the date of the written notification from the department that states the original POC was rejected, unless the department has granted an extension, the licensee shall be subject to a directed POC in accordance with (d) below and a fine in accordance with He-P 826.13(d)(13);

(9) The department shall verify the implementation of any POC that has been submitted and accepted by:

- a. Reviewing materials submitted by the licensee;
- b. Conducting an onsite follow-up inspection; or
- c. Reviewing compliance during the next annual inspection;

(10) Verification of the implementation of any POC shall only occur after the date of completion specified by the licensee in the plan; and

(11) If the POC or revised POC has not been implemented by the completion date at the time of the next inspection, the licensee shall be:

- a. Notified by the department in accordance with (b); and
- b. Issued a directed POC in accordance with (d) below and shall be subject to a fine, as appropriate, in accordance with He-P 826.13(d)(14).

(d) The department shall develop and impose a directed POC that specifies corrective actions for the applicant or licensee to implement when:

- (1) As a result of an inspection, areas of non-compliance were identified that require immediate corrective action to protect the health and safety of the clients and personnel;
- (2) A revised POC is not submitted within 14 days of the written notification from the department or such other date as applicable if an extension was granted by the department; or
- (3) A revised POC submitted by the licensee has not been accepted.

(e) If at the time of the next inspection, the directed POC referenced in (d) above has not been implemented by the completion date stated in the directed POC, the department shall, as appropriate:

- (1) Issue a warning that enforcement action will be taken if the POC is not implemented;
- (2) Impose a fine;
- (3) Deny the application for a renewal of a license in accordance with He-P 826.13(c); or
- (4) Revoke or suspend the license in accordance with He-P 826.13.

(f) The department shall offer an opportunity for informal dispute resolution to any applicant or licensee who disagrees with an area or areas of non-compliance cited by the department on a statement of findings provided that the applicant or licensee submits a written request for an informal dispute resolution.

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(g) The informal dispute resolution shall be requested in writing by the applicant, licensee, or program director no later than 14 days from the date the statement of findings was issued by the department.

(h) The department shall change the statement of findings if, based on the evidence presented, the statement of findings is determined to be incorrect. The department shall provide a written notice to the applicant or licensee of the determination.

(i) The deadline to submit a POC in accordance with (c) above shall not apply until the notice of the determination in (h) above has been provided to the applicant or licensee.

(j) Any violations cited for the state fire code may be appealed to the New Hampshire state fire marshal and shall not be the subject of informal dispute resolution as described in this section.

(k) An informal dispute resolution shall not be available for any applicant or licensee against whom the department has imposed an administrative fine or initiated action to suspend, revoke, deny, or refuse to issue or renew a license.

(l) The department shall impose state monitoring under the following conditions:

(1) Repeated non-compliance on the part of the SUD-RTF in areas that impact health, safety, or well-being of patients;

(2) The presence of conditions in the SUD-RTF that negatively impact the health, safety, or well-being of patients; and

(3) Concern that the SUD-RTF is not ending the pattern of citations for violations of licensing rules and coming into compliance with those rules.

He-P 826.13 Enforcement Actions and Hearings.

(a) As specified in this section, the department shall take the following enforcement actions for violation of RSA 151, He-P 826, or other applicable licensing rules:

(1) Issue a warning;

(2) Impose a fine in accordance with (d) below;

(3) Deny the application for a renewal of a license in accordance with (c) below;

(4) Immediately suspend a license; or

(5) Revoke the license in accordance with (c) below.

(b) Prior to taking enforcement action against an applicant or licensee, the department shall send to the applicant or licensee a written notice that sets forth:

(1) The reasons for the proposed action;

(2) The action to be taken by the department;

(3) If a fine is imposed, the automatic reduction of the fine by 25% if the fine is paid within 10 days of the date on the written notice from the department and the area of non-compliance has been corrected, or a POC has been accepted and approved by the department; and

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- (4) The right of an applicant or licensee to a hearing in accordance with RSA 151:8 or RSA 541-A:30, III, as applicable, before the enforcement action becomes final.
- (c) The department shall deny an application or revoke a license if:
- (1) An applicant or a licensee violated a provision of RSA 151 or He-P 826 which poses a threat to the health, safety, or well-being of a client;
 - (2) An applicant or licensee has failed to pay an administrative fine imposed by the department;
 - (3) An applicant or licensee had a check returned to the department for insufficient funds and has not re-submitted the outstanding fee in the form of cash, money order, or certified check;
 - (4) After being notified of and given an opportunity to supply missing information or schedule an initial inspection, the applicant or licensee has failed to submit an application that meets the requirements of He-P 826.04 or has failed to schedule an inspection;
 - (5) The applicant, licensee, or any representative or employee of the applicant or licensee:
 - a. Provides false or misleading information to the department;
 - b. Prevents, interferes, or fails to cooperate with any investigation conducted by the department; or
 - c. Fails to provide requested files or documents to the department;
 - (6) The licensee failed to implement or continue to implement a POC that has been accepted or imposed by the department in accordance with He-P 826.12(c), (d), and (e);
 - (7) A licensee has submitted a POC that has not been accepted by the department in accordance with He-P 826.12(c)(5) and has not submitted a revised POC as required by He-P 826.12(c)(6);
 - (8) The licensee is cited a third time under RSA 151 or He-P 826 for the same violation within the last 5 inspections;
 - (9) A licensee, or its corporate officers, has had a license revoked and submits an application during the 5 year prohibition period specified in (k) below;
 - (10) Unless a waiver has been granted, upon inspection, the applicant's premise is not in compliance with RSA 151 or He-P 826;
 - (11) Unless a waiver has been granted, the department makes a determination that the applicant, administrator, or licensee has been found guilty of, or plead guilty to, a felony assault, theft, fraud, abuse, neglect, or exploitation of any person, in this or any other state, or had an investigation for abuse, neglect, or exploitation adjudicated and founded by the department or any administrative agency in this or any other state;
 - (12) The applicant or licensee fails to employ a qualified administrator or clinical director; or
 - (13) The applicant has had a license revoked or denied by another division or unit of the department within a 5 year period of the application.
- (d) The department shall impose fines as follows:

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- (1) For a failure to cease providing unlicensed services after being notified by the department of the need for a license, in violation of RSA 151:2, the fine shall be \$2000.00 for an applicant or unlicensed entity;
- (2) For a failure to cease operations after a denial of a license, after receipt of an order to cease and desist immediately, in violation of RSA 151:2 and RSA 541-A:30, or continuing to operate after a failure to renew the license by the expiration date, the fine for an applicant, unlicensed entity, or a licensee shall be \$2000.00;
- (3) For advertising services or otherwise representing themselves as having a license to provide services that they are not licensed to provide, in violation of RSA 151:2, III, and He-P 826.14(I), the fine for an applicant, licensee, or unlicensed entity shall be \$500.00;
- (4) For a failure to transfer a client whose needs exceeds the services or programs provided by the SUD-RTF, in violation of RSA 151:5-a, the fine for a licensee shall be \$500.00;
- (5) For admission of a client whose needs at the time of admission exceed the services or programs authorized by the SUD-RTF licensing classification, in violation of RSA 151:5-a, II, and He-P 826.15(a), the fine for a licensee shall be \$1000.00;
- (6) For a failure to comply with the directives of a warning issued by the department in violation of RSA 151:7-a and He-P 826.11(e), the fine for an unlicensed entity or a licensee shall be \$500.00;
- (7) For a failure to submit a renewal application for a license at least 120 days prior to the expiration date, in violation of He-P 826.06(b), the fine for a licensee shall be \$100.00;
- (8) For a failure to notify the department prior to a change of ownership, in violation of He-P 826.08(a)(1), the fine for a licensee shall be \$500.00;
- (9) For a failure to notify the department prior to a change in the physical location, in violation of He-P 826.08(a)(2), the fine for a licensee shall be \$1000.00;
- (10) For a failure to notify the department prior to a change in the administrator or medical director, in violation of He-P 824.08(j), the fine for a licensee shall be \$100.00;
- (11) For a failure to notify the department of a change in e-mail address as required by He-P 826.08(m), the fine shall be \$100.00;
- (12) For refusal to allow access by the department to the SUD-RTF's premises, programs, services, or records, in violation of He-P 826.09(a), the fine for an applicant, unlicensed entity, or licensee shall be \$2000.00;
- (13) For a failure to submit a POC or revised POC, within 21 or 14 days, respectively, of the date on the letter that transmits the inspection report, or the date of an extension as granted, in violation of He-P 826.12(c)(2), (5), and (6), the fine for a licensee shall be \$500.00;
- (14) For a failure to implement or maintain the corrective action set forth in any POC that has been accepted or issued by the department, in violation of He-P 826.12(c)(11), the fine for a licensee shall be \$1000.00;
- (15) For a failure to establish, implement, or comply with licensee policies, as required by He-P 826.14(b)-(d) and (u) and He-P 826.19(d), the fine for a licensee shall be \$500.00;
- (16) For a failure to provide services or programs required by the licensing classification and specified by He-P 826.16, the fine for a licensee shall be \$500.00;

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- (17) For exceeding the licensed capacity, in violation of He-P 826.14(ab), the fine for a licensee shall be \$500.00 per day;
- (18) For providing false or misleading information or documentation in violation of He-P 826.14(k), the fine for an applicant or licensee shall be \$1000.00 per offense;
- (19) For a failure to meet the needs of a client(s), in violation of He-P 826.14(n)(1), the fine for a licensee shall be \$1000.00 per client;
- (20) For utilizing a room or space that has not been approved or licensed by the department, in violation of He-P 826.09(b)(6), the fine for a licensee shall be \$500.00;
- (21) For employing an administrator or other personnel who do not meet the qualifications for the position, without having a waiver granted by the department in accordance with He-P 826.10, in violation of He-P 826.18(i), the fine for a licensee shall be \$500.00;
- (22) For failure to cooperate with the inspection or investigation conducted by the department, in violation of He-P 826.09(a), the fine shall be \$2000.00;
- (23) For failure to submit architectural plans or drawings, when applicable, prior to undertaking construction or renovation of the licensed facility in violation of He-P 826.07(a), the fine for a licensed facility shall be \$500.00;
- (24) For occupying a renovated area of a licensed facility or new construction prior to approval by local and state authorities, as required by He-P 826.09(b)(6), the fine shall be \$500.00 which shall be assessed daily if the facility fails to vacate the renovated area immediately upon receiving notice from the department;
- (25) When an inspection determines that a violation of RSA 151 or He-P 826 has the potential to jeopardize the health, safety, or well-being of a client, in addition to any other enforcement actions taken by the department, the fines assessed shall be as follows:
- a. If the same area of non-compliance is cited within 2 years of the original area of non-compliance, the fine for a licensee shall be \$1000.00; or
 - b. If the same area of non-compliance is cited a third time within 2 years of being fined in a. above, the fine for a licensee shall be \$2000.00; and
- (26) Each day that the individual or licensee continues to be in violation of the provisions of RSA 151 or He-P 826 shall constitute a separate violation and shall be fined provided that if the applicant or licensee is making good faith efforts to comply with the provisions of RSA 151 or He-P 826, as verified by documentation or other means, the department shall not issue a daily fine.
- (e) Payment of any imposed fine to the department shall meet the following requirements:
- (1) Payment shall be made in the form of check or money order made payable to the “Treasurer, State of New Hampshire” or cash in the exact amount due; and
 - (2) Cash, money order, or certified check shall be required when an applicant or licensee has issued payment to the department by check, and such check was returned for insufficient funds.
- (f) An applicant, licensee, or unlicensed entity shall have 10 days after receipt of the notice of enforcement action to request a hearing to appeal.

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(g) If a written request for a hearing is not made pursuant to (f) above, the action of the department shall become final.

(h) The department shall order the immediate suspension of a license and the provision of services when it finds that the health, safety, or welfare of a client is in jeopardy and requires emergency action in accordance with RSA 541-A:30.

(i) If an immediate suspension is upheld, the licensee shall not resume operating until the department determines through inspection that compliance with RSA 151 and He-P 826 is achieved.

(j) Hearings under this section shall be conducted in accordance with RSA 541-A and He-C 200.

(k) When a SUD-RTF's license has been denied or revoked, the applicant, licensee, administrator, clinical director, or medical director shall not be eligible to reapply for a license or be employed as an administrator or medical director for at least 5 years if the denial or revocation specifically pertained to their role in the program.

(l) RSA 541 shall govern further appeals of department decisions under this section.

(m) The 5-year period referenced in (k) above shall begin on:

(1) The date the department's decision to revoke or deny the license became effective, if no appeal is filed; or

(2) The date the final decision is issued by the department upholding the action, if a request for an administrative hearing was made and a hearing was held.

(n) Notwithstanding (m) above, the department shall consider an application submitted after the decision to revoke or deny becomes final if the applicant demonstrates that circumstances have changed to the extent that the department now has good cause to believe that the applicant has the requisite degree of knowledge, skills, and resources necessary to maintain compliance with the provisions of RSA 151 and He-P 826.

(o) If the department has reasonable information or evidence that a licensee, applicant, administrator, or others are circumventing (k) above by applying for a license through an agent or other individual and will retain ownership or management authority, the department shall deny the application.

(p) No ongoing enforcement action shall preclude the imposition of any remedy available to the department under RSA 151, RSA 541A:30, III, or He-P 826.

(q) Any violations cited for fire code shall be appealed to the New Hampshire state fire marshal.

Readopt with amendment He-P 826.14, effective 11-1-18 (Document #12658), as amended effective 11-26-19 (Document #12928), to read as follows:

He-P 826.14 Duties and Responsibilities of the Licensee.

(a) The licensee shall comply with all relevant federal, state, and local laws, rules, codes, and ordinances as applicable.

(b) The licensee shall have written policies and procedures to include:

(1) The rights and responsibilities of clients in accordance with the patients' bill of rights under RSA 151:20, II and RSA 151:21;

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- (2) A policy that ensures the safety of all persons present on the licensed premises where firearms are permitted; and
 - (3) All other policies required by He-P 826.
- (c) The licensee shall define, in writing, the scope and type of services to be provided at the SUD-RTF.
- (d) The licensee shall have a system to regularly identify the SUD-RTF's daily census, including times a client is absent from the SUD-RTF.
- (e) The licensee shall develop and implement a process for determining adequate staffing levels and include an assessment, to be conducted at least monthly but more frequently if required, of the appropriateness of staffing levels to ensure:
- (1) Sufficient staffing of qualified personnel to meet the scheduled and reasonably foreseeable unscheduled client needs as required by the evaluation and treatment plans on a 24-hour-per-day basis; and
 - (2) Sufficient staffing to respond promptly and effectively to individual client emergencies and to respond to emergency, safety, and disaster situations affecting clients.
- (f) The licensee shall comply with the patients' bill of rights as set forth in RSA 151:21.
- (g) The licensee shall develop and implement written policies and procedures governing the operation of the SUD-RTF to include a clinical care manual covering the policies and procedures for all clinical services provided.
- (h) All policies and procedures shall be reviewed annually and revised as needed.
- (i) All clinical services provided by the licensee shall:
- (1) Focus on the client's strengths;
 - (2) Be sensitive and relevant to the diversity of the clients;
 - (3) Be client and family centered;
 - (4) Be evidence-based by meeting one of the following:
 - a. The service shall be included as an evidence-based mental health and substance abuse intervention on the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's (SAMHSA) "Evidence-Based Practices Resource Center" available at https://www.samhsa.gov/libraries/evidence-based-practices-resource-center/?%5B0%5D=resource_topic%3A20277, (as accessed and printed on February 24, 2026), available as noted in Appendix A;
 - b. The services are published in a peer reviewed journal and found to have positive effects; or
 - c. The treatment and support service provider shall be able to document the services effectiveness based on a theoretical model with validated research or a documented body of research generated from similar services that indicates effectiveness;
 - (5) Be designed to acknowledge the impact of violence and trauma on clients' lives which shall be addressed in the services provided; and

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- (6) Be delivered in accordance with evidence-based methods and practices as described in (4) above.
- (j) The licensee shall assess and monitor the quality of care and services it provides to clients on an ongoing basis.
- (k) The licensee or personnel shall not falsify any documentation or provide false or misleading information to the department.
- (l) The licensee shall not advertise or otherwise represent the SUD-RTF as having residential care or health care programs or services for which it is not licensed to provide.
- (m) The licensee shall comply with all conditions of warnings and administrative remedies issued by the department, and all court orders.
- (n) Licensees shall:
- (1) Meet the needs of the clients during the hours that the clients are in the care of the SUD-RTF;
 - (2) Initiate action to maintain the SUD-RTF in full compliance at all times with all relevant health and safety requirements contained in applicable federal, state, and local laws, rules, regulations, and ordinances;
 - (3) Establish, in writing, a chain of command that sets forth the line of authority for the operation of the SUD-RTF;
 - (4) Appoint a medical director who shall meet the requirements of He-P 826.18(k);
 - (5) Appoint an administrator who shall meet the requirements of He-P 826.18(i);
 - (6) Verify the qualifications of all personnel;
 - (7) Provide sufficient numbers of personnel who are present in the SUD-RTF and are qualified to meet the needs of clients during all hours of operation;
 - (8) Ensure that all unlicensed clinical staff providing treatment, education, or recovery support services shall be under the direct supervision of a licensed clinical supervisor;
 - (9) Ensure that licensed clinical supervisors provide at least one hour of supervision for all unlicensed clinical staff for every 40 hours of direct client contact which shall include:
 - a. Review of case records;
 - b. Observation of interactions with clients;
 - c. Skill development;
 - d. Review of case management activities; and
 - e. The maintenance of a log of the supervision date, duration, content, and the identity of the participants;
 - (11) Ensure that personnel, licensed or certified, by the NH board of licensing for alcohol and other drug use professionals or any other licensing or certification board, receive supervision in accordance with the requirements set forth for the licenses or certifications held by the individual;

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- (12) Ensure that no LADC or MLADC shall supervise more than 12 unlicensed staff;
 - (13) Provide the SUD-RTF with sufficient supplies, equipment, and lighting to ensure that the needs of clients are met;
 - (14) Implement any POC that has been accepted or issued by the department; and
 - (15) Require that all personnel follow the orders of the licensed practitioner for each client and encourage the clients to follow the licensed practitioner's orders.
- (o) The licensee shall employ or contract with a nurse who is currently licensed in the state of New Hampshire pursuant to RSA 326-B, or licensed pursuant to the multi-state compact, and who is an RN or LPN with at least 2 year's relevant experience in substance use disorder treatment or behavioral health services.
- (p) The licensee shall employ or contract with a clinical services director who is a LADC or MLADC licensed by the NH board of licensing for alcohol and other drug use professionals or an individual licensed by the board of mental health practice and who has at least 2 year's relevant experience in substance use disorder treatment or behavioral health services.
- (q) The licensee shall:
- (1) Make available basic supplies necessary for clients to maintain grooming and personal hygiene, such as soap, shampoo, toothpaste, toothbrush, and toilet paper. Such basic supplies shall be included in the basic rate, except that there may be an additional charge for specific brands or items required to meet individual clients' needs or requests;
 - (2) Not be responsible for the cost of purchasing a specific brand of product at a client's request;
 - (3) Identify in the admission agreement the cost, if any, of basic supplies or other services for which there will be a charge;
 - (5) Ensure that all personnel have received the training necessary to be qualified personnel to include demonstrated competency in the training given with documentation maintained in the employee personnel file;
 - (6) Require any paid provider providing direct care, other than an employee, to provide a brief written, signed, and dated note describing the reason for the service(s), and the next planned visit, if known;
 - (7) Have a clearly identified policy for CPR that includes the following:
 - a. If CPR is not performed, the policy shall include a statement that 911 shall be called in an emergency;
 - b. If CPR is performed, the policy shall include a statement that 911 shall be called and there shall be either at least one person on duty per shift who is certified to perform CPR or an AED available for use; and
 - c. That the policy shall be signed by each client and their guardian, personal representative, or agent and be located in the client's file with their admission agreement;
 - (8) Ensure that there is at least one personnel on the premises during all hours the facility is open; and

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- (9) Identify in the admission agreement all programs and services available to clients during and post recovery, whether from public, private, or government, to include but not limited to transportation services, outpatient services, and post treatment recovery homes.
- (r) The licensee shall educate personnel about the needs and services required by the clients under their care and document such education to include demonstrated competencies.
- (s) Physical or chemical restraints shall only be used in the case of an emergency, pursuant to RSA 151:21, IX.
- (t) As soon as is practicable but no longer than 24 hours after the use of a physical or chemical restraint, the client's licensed practitioner, the department, and the client's guardian, personal representative, or agent shall be notified of the use of such restraints.
- (u) The SUD-RTF shall:
- (1) Have policies and procedures on:
 - a. What type of emergency restraints can be used;
 - b. When restraints can be used; and
 - c. Who may authorize the use of restraints; and
 - (2) Provide personnel with education and training on the limitations and the correct use of restraints.
- (v) The use of physical restraints shall be allowed only as defined under He-P 826.03(cc).
- (w) Separation from a situation may be used as an alternative to physical restraint and shall not be considered a form of restraint.
- (x) For reportable incidents, licensees shall:
- (1) Complete an investigation to determine if abuse or neglect could have been a contributing factor to the incident;
 - (2) Submit via fax (603) 271-5574 or electronic mail to hfa-licensing@dhhs.nh.gov the following information to the department within 48 hours of a reportable incident:
 - a. The SUD-RTF name;
 - b. A description of the incident, including identification of injuries, if applicable;
 - c. The name of the licensee(s) or personnel involved in, witnessing, or responding to the reportable incident;
 - d. The name of client(s) involved in or witnessing the reportable incident;
 - e. The date and time of the reportable incident;
 - f. The action taken in direct response to the reportable incident, including any follow-up;
 - g. If medical intervention was required, by whom, and the date and time;
 - h. When the client's guardian, personal representative, or agent was notified;

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- i. The signature of the person reporting the reportable incident; and
- j. The date and time the client's licensed practitioner was notified, if applicable; and
- k. The date the facility performed the investigation required by (1) above;

(3) As soon as practicable, notify the local police department, the department, and the guardian, personal representative, or agent when a client has eloped and the licensee has searched the building and the grounds without finding the client; and

(4) Notify the department with a written report within 5 days describing the actions taken by personnel, the final outcome or continuation of the reportable incident, and actions taken to prevent a reoccurrence if it was not submitted in the initial report.

(y) The licensee shall implement policies to ensure the safety of clients who are assessed as an elopement risk to reduce the risk and define areas recognized as safe areas on the licensed premise.

(z) The licensee shall implement policies to ensure the safety of clients who are assessed as a danger to self or others.

(aa) The licensee shall implement polices to assure the safety and supervision of all visitors.

(ab) The licensee shall not exceed the maximum number of clients or beds licensed by the department, unless authorized by the department, such as during an emergency.

(ac) The licensee shall give a client and the guardian, agent, or personal representative, as applicable, a written notice as follows:

(1) For an increase in the cost or fees for any SUD-RTF services, 30 days advance notice shall be required except for clients receiving Medicaid whose financial liability is determined by the state's standard of need; or

(2) For an involuntary change in room or bed location, the facility shall make reasonable accommodation of individual needs and preferences and give 14 days advance notice, unless the change is required to protect the health, safety, and well-being of the client or other clients, in such case the notice shall be as soon as practicable.

(ad) In addition to the posting requirements specified in RSA 151:29, the licensee shall post the following documents in a conspicuous area accessible to clients, employees, and visitors:

(1) The current license and license certificate issued in accordance with RSA 151:2;

(2) The most recent inspection reports as specified in RSA 151:6-a;

(3) A copy of the patients' bill of rights specified by RSA 151:21;

(4) A copy of the licensee's complaint procedure, including a statement that complaints may be submitted, in writing, to The Department of Health and Human Services, Office of Legal and Regulatory services, Health Facilities Administration, 129 Pleasant Street, Concord, N.H. 03301 or by calling 1-800-852-3345, and information on how to contact the office of the long-term care ombudsman;

(5) A copy of available services to support continued recovery during and post residential treatment; and

(6) The licensee's evacuation floor plan identifying the location of, and access to all fire exits.

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(ae) The licensee shall not allow smoking in the facility at any time.

(af) If smoking is allowed on the grounds of the SUD-RTF, the licensee shall develop and implement smoking policies and designate smoking areas in accordance with RSA 155:66–69 and He-P 826.25.

(ag) The licensee may hold or manage a client's funds or possessions only when the facility receives written authorization in accordance with RSA 151:24 and RSA 151:21, VII, and such funds shall not be used for the benefit of the licensee, other clients, or other household members

Readopt with amendment He-P 826.15 and He-P 826.16, effective 11-1-18 (Document #12658), to read as follows:

He-P 826.15 Client Admission Criteria, Temporary Absence, Transfer, and Discharge Criteria.

(a) The licensee shall only admit an individual or retain a client who has been determined to need the level(s) of care that the facility offers, and whose needs can be met by the SUD-RTF.

(b) A licensee shall not deny admission to any person because that person does not have a guardian, personal representative, or agent, or an advance directive, such as a living will or durable power of attorney for health care, established in accordance with RSA 137-J.

(c) The client shall be transferred or discharged, as defined under RSA 151:19, I-a and VII, in accordance with RSA 151:21, V, for reasons including the following:

- (1) The client'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;
- (2) The client cannot be safely evacuated in accordance the state fire code and state building code;
- (3) The client or the client's guardian, personal representative, or agent determines that the client shall leave the facility;
- (4) The client is a danger to themselves or others;
- (5) Program completion or transfer based on changes in the client's functioning relative to the American Society of Addiction Medicine's (ASAM) criteria; and
- (6) Program termination, including:
 - a. Administrative discharge;
 - b. Non-compliance with the program;
 - c. The client left the program before completion against advice of treatment staff; or
 - d. The client is inaccessible, such as the client has been jailed or hospitalized.

(d) In all cases of client discharge or transfer, the counselor shall complete a narrative discharge summary, which includes:

- (1) The dates of admission and discharge or transfer;
- (2) The client's psychosocial substance use history and legal history;
- (3) A summary of the client's progress toward treatment goals in all ASAM domains;

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- (4) The reason for discharge or transfer;
 - (5) The client's DSM 5 diagnosis and summary, to include other evaluation testing completed during treatment;
 - (6) A summary of the client's physical condition at the time of discharge or transfer;
 - (7) A continuing care plan, including all ASAM domains;
 - (8) The dated signature of the counselor completing the summary; and
 - (9) Any other information pertinent to the client's discharge or transfer.
- (e) The discharge summary shall be completed:
- (1) No later than 7 days following a client's discharge or transfer from the program; or
 - (2) For withdrawal management services, by the end of the next business day following a client's discharge or transfer from the program.
- (f) If the transfer or discharge referenced in (d) above is required by the reasons listed in RSA 151:26, II(b), a written notice shall be given to the client as soon as practicable prior to transfer or discharge.
- (g) When transferring a client, either from one level of care to another or to another treatment provider, the counselor shall:
- (1) Complete a progress note on the client's treatment and progress towards treatment goals, to be included in the client's record; and
 - (2) Update the client evaluation and treatment plan.
- (h) When transferring a client to another treatment provider, the current provider shall forward copies of the following information to the receiving provider, only after a release of confidential information is signed by the client:
- (1) The discharge summary;
 - (2) Client demographic information, including the client's name, date of birth, address, telephone number; and
 - (3) A diagnostic evaluation statement and other evaluation information, including:
 - a. A record of the client's treatment history; and
 - b. Documentation of any court-mandated or agency-recommended follow-up treatment.
- (i) A licensed counselor shall meet with the client at the time of discharge or transfer to establish a continuing care plan that:
- (1) Includes recommendations for continuing care in all ASAM domains;
 - (2) Addresses the use of self-help groups including, when indicated, facilitated self-help; and
 - (3) Assists the client in making contact with other agencies or services.

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(j) A licensed counselor shall document in the client record if and why the meeting in (i) could not take place.

(k) A provider may involuntarily discharge a client from a treatment program only if:

- (1) The client's behavior on program premises is abusive, violent, or illegal;
- (2) The client is non-compliant with prescription medications;
- (3) Clinical staff documents therapeutic reasons for discharge; or
- (4) The client violates program rules in a manner that is consistent with the provider's progressive discipline policy.

He-P 826.16 Required Services.

(a) The licensee shall provide administrative services that include the appointment of a full-time, on-site administrator who:

- (1) Is responsible for the day-to-day operations of the SUD-RTF;
- (2) Works no less than 35 hours per week at the SUD-RTF, which may include day, evening, night, and weekend hours;
- (3) Meets the requirements of He-P 826.18(i) and (j);
- (4) Designates, in writing, an alternate administrator who shall assume the responsibilities of the administrator in their absence. The alternate administrator shall not be required to meet the requirements of He-P 826.18(i) and (j); and
- (5) In the event the administrator will be absent for a period to exceed 30 consecutive days, the facility shall notify the department who the interim administrator will be and submit credentials to verify they meet the requirements of (3) above.

(b) The clinical services director or designee shall be available for consultation at all times any client is present at the SUD-RTF.

(c) At the time of admission, the licensee shall provide the client, guardian, personal representative, or agent, a written copy, with written verification of receipt, of the following:

- (1) A residential service agreement which shall include:
 - a. The base rate and the cost of any available services that are not included in the base rate;
 - b. A list of the core services required by (d) below that are covered by the base rate;
 - c. Information regarding the timing and frequency of cost of care increases;
 - d. The time period covered by the residential service agreement;
 - e. The SUD-RTF's house rules;
 - f. The grounds for immediate termination of the agreement, pursuant to RSA 151:21, V;
 - g. The SUD-RTF's responsibility for client discharge planning;

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h. Information regarding nursing, other health care services, or supplies not provided in the core services, to include:

1. The availability of services;
2. The SUD-RTF's responsibility for arranging services; and
3. The fee and payment for services, if known;

i. The licensee's policy regarding:

1. Arranging for the provision of transportation;
2. Arranging for the provision of third-party services, such as cable television;
3. Acting as a billing agent for third-party services;
5. Handling of client funds pursuant to RSA 151:24;
7. Storage and loss of the client's personal property; and
8. Smoking;

j. A note that the client may need to be discharged or transferred when the facility can no longer meet the client's evacuation capability or care needs and the responsibility of the licensee in transitioning the client to another facility if applicable;

k. The licensee's medication management services;

l. The list of grooming and personal hygiene supplies provided by the SUD-RTFs as part of the base fee;

m. The list of available services which support recovery during and post residential treatment, whether from public, private, or government, to include but not be limited to transportation services, outpatient services, and post treatment recovery homes;

n. The amount and purpose of any advance payments required by the licensee and the policy for refund of advance payments;

p. A statement affirming that the proposed client has received the residential services agreement, that the client has read it or it has been read to the client, and that the client understands its contents; and

q. Any other disclosures or information required by RSA 151 or RSA 420-D, if applicable and any other provisions of state or federal law;

(2) A copy of the most current version of the patients' bill of rights under RSA 151:21 and the SUD-RTF's policy and procedure for implementing the bill of rights pursuant to RSA 151:20, II;

(3) A copy of the client's right to appeal an involuntary transfer or discharge under RSA 151:26, II(5);

(4) The SUD-RTF's policy and procedure for handling reports of abuse, neglect, or exploitation which shall be in accordance with RSA 161-F:46 and RSA 169-C:29; and

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- (5) Information on advance directives.
- (d) The licensee shall provide the following core services:
- (1) Health and safety services to minimize the likelihood of accident or injury, with protective care and oversight regarding:
 - a. The clients' functioning, safety, and whereabouts; and
 - b. The clients' health status, including the provision of intervention as necessary or required;
 - (2) Emergency response and crisis intervention;
 - (3) Assistance with taking and ordering medications as needed;
 - (4) Nutritious meals and snacks in accordance with He-P 826.20 unless the client chooses other options according to their admission agreement;
 - (5) Housekeeping, laundry, and maintenance services in accordance with the admission agreement;
 - (6) The availability of activities, that shall include reasonable accommodation for clients with disabilities, including television, radio, internet, games, newspapers, visitors, and music, designed to sustain and promote physical, intellectual, social, and spiritual well-being of all clients in accordance with the residential service agreement;
 - (7) Assistance in arranging medical and dental appointments, which shall include assistance in arranging transportation to and from such appointments and reminding the clients of the appointments;
 - (8) Supervision of clients when required to offset cognitive deficits that may pose a risk to self or others if the client is not supervised; and
 - (9) Provide referral to, and assistance in accessing, medication-assisted SUD treatment, either on site or off site, when clinically appropriate.
- (e) The licensee shall provide access to the following services:
- (1) A screening and assessment interview conducted or supervised by a licensed counselor to determine:
 - a. That the client meets the requirements for treatment of a substance use disorder; and
 - b. A determination of the appropriate ASAM level of care needed.
 - (2) If the interview in (1) above indicates a need for a clinical evaluation, an in person clinical evaluation shall be conducted by a licensed counselor in accordance with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's (SAMHSA) "TAP 21: Addiction Counseling Competencies" (2017 revision) available as noted in Appendix A using an evidenced based evaluation tool and addressing all ASAM domains to determine:
 - a. Client biopsychosocial information;
 - b. If the client meets diagnostic criteria as indicated in the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)" (2022 edition), available as noted in Appendix A, for a substance use

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disorder or other comorbid disorders and formally documents the DSM-5 diagnosis(es) in client record;

- c. The appropriate initial level of care for the client based on ASAM criteria;
- d. A description of the client's needs in each ASAM dimension; and
- e. Areas to be addressed in the treatment plan;

(3) If the clinical evaluation detailed in (2) above was completed by a licensed counselor from a referring agency, the licensee should accept that clinical evaluation as satisfaction of (2) above under the following conditions:

a. The provider shall ensure any changes to ASAM dimensions that occurred after the completion of the accepted evaluation from the referring provider are recorded in the client's record within 3 days after admission, or 3 sessions, whichever is later;

b. If no evaluation from a referring provider exists, and due to geographical barriers, the potential admitting provider is unable to complete an evaluation prior to admission, the provider shall assist individuals with accessing an evaluation through their local doorway, or other appropriate provider;

c. The potential admitting provider shall make sure a new face-to-face evaluation is conducted prior to admission when:

- 1. An individual presents without a completed evaluation from a referring provider or doorway;
- 2. More than 30 days have passed since the referring provider completed the evaluation;
- 3. The evaluation was conducted and completed by someone other than a licensed counselor; or
- 4. The evaluation lacked DSM-5 diagnostic information, or a recommendation for a specific level of care based on the ASAM criteria; and

d. If an evaluation is unable to be completed prior to admission, due to circumstances beyond the provider's control, the provider shall ensure the new clinical evaluation is completed within 3 business days after admission to treatment or 3 sessions, whichever is longer; and

(4) Behavioral health services on-site or through referral.

(f) The SUD-RTF shall perform an evaluation of each client's needs and develop a treatment plan upon admission or within 24 hours following admission as described in (g) below.

(g) Individual treatment plans shall contain, at a minimum, the following elements:

- (1) Goals, objectives, and interventions written in terms that are specific, measurable, attainable, realistic, and timely;
- (2) Identifies the client's clinical needs, treatment goals, and objectives;
- (3) Identifies the client's strengths and resources for achieving goals and objectives in (1) above;
- (4) Defines the strategy for providing services to meet those needs, goals, and objectives;

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- (5) Identifies referral to outside providers for the purpose of achieving a specific goal or objective when the service cannot be delivered by the treatment program;
 - (6) Provides the criteria for terminating specific interventions;
 - (7) Includes specification and description of the indicators to be used to assess the client's progress;
 - (8) Documentation of participation by the client in the treatment planning process or the reason why the client did not participate;
 - (9) Signatures of the client and the counselor agreeing to the treatment plan, or if applicable, documentation of the client's refusal to sign the treatment plan; and
 - (10) Identification of the client's discharge goals.
- (h) Treatment plans shall be updated, at minimum, based upon the intervals recommended by ASAM domain or client status.
- (i) Counselors shall update treatment plans, in addition to (h) above, when:
- (1) Changes are made in any ASAM domain;
 - (2) Goals have been met and challenges have been resolved; or
 - (3) New goals and new challenges have been identified.
- (j) The provider shall ensure there are justifications in the treatment plan updates, or progress notes, for continued stay, transfer to another level of care, or discharge from treatment, including a minimum of one of the 3 ASAM continuing service and transfer or discharge criteria described in the ASAM's "The ASAM Criteria" (2023 edition), available as noted in Appendix A, or another clinically appropriate method of determining level of care.
- (k) Treatment plan updates shall include:
- (1) Documentation of the degree to which the client is meeting treatment plan goals and objectives;
 - (2) Modification of existing goals or addition of new goals based on changes in the client's functioning relative to ASAM domains and treatment goals and objectives;
 - (3) The counselor's evaluation of whether or not the client needs to move to a different level of care based on changes in functioning in any ASAM domain and documentation of the reasons for this evaluation; and
 - (4) The signature of the client and the counselor agreeing to the treatment plan updates, or if applicable, documentation of the client's refusal to sign the treatment plan updates.
- (l) In addition to the individualized treatment planning in (h) above, all providers shall provide client education on:
- (1) Substance use disorders;
 - (2) Relapse prevention;

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- (3) Infectious diseases associated with injection drug use, including but not limited to, HIV, hepatitis, and tuberculosis (TB);
 - (4) Sexually transmitted diseases;
 - (5) Emotional, physical, and sexual abuse;
 - (6) Nicotine use disorder and cessation options; and
 - (7) The impact of drug and alcohol use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of drug and alcohol use during pregnancy.
- (m) When group education and counseling are provided as part of the treatment program, the provider shall:
- (1) Maintain an outline of each educational and group therapy session provided;
 - (2) Limit group therapy, conducted by a licensed counselor, to 12 or fewer clients per counselor and no more than 16 clients when the counselor is joined by a second direct-care personnel member;
 - (3) Limit recovery support groups and educational groups, conducted by a counselor or certified recovery support worker (CRSW) operating under their scope of practice pursuant to RSA 330-C:13, to no more than 12 clients when one counselor or CRSW is present or no more than 16 clients when that CRSW is joined by a second direct-care staff-member; and
 - (4) Not conduct group therapy sessions or clinically based treatments outside of their scope of practice, if they are a CRSW or another non-licensed direct-care personnel.
- (n) All client activities and services shall be documented in accordance with the SAMHSA's "TAP 21: Addiction Counseling Competencies" (2017 revision), available as noted in Appendix A.
- (o) At the time of a client's admission, the licensee shall ensure that orders from a licensed practitioner are obtained for medications, and that special dietary requirements are documented.
- (p) The licensee shall have each client obtain a health examination by a licensed practitioner within 30 days prior to admission or within 72 hours following admission to the SUD-RTF.
- (q) The health examination in (p) above shall include:
- (1) Diagnoses, if any;
 - (2) The medical history;
 - (3) Medical findings, including the presence or absence of communicable disease;
 - (4) Vital signs;
 - (5) Prescribed and over-the-counter medications;
 - (6) Allergies; and
 - (7) Dietary needs.
- (r) The licensee shall maintain a daily shift change log which documents such things as client behavior and significant events that a subsequent shift should be made aware of.

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(s) When a client refuses care or services that could result in a threat to their recovery, health, safety, or well-being, or that of others, the licensee or their designee shall:

- (1) Inform the client and guardian, personal representative, or agent, of the potential results of their refusal;
- (2) Notify the licensed practitioner of the client's refusal of care; and
- (3) Document in the client's record the refusal of care and the client's reason for the refusal if known.

(t) The licensee shall maintain an information data sheet in the client's record and promptly give a copy to emergency medical personnel in the event of an emergency transfer to another medical facility.

(u) The information data sheet in (t) above shall include:

- (1) Full name and the name the client prefers, if different;
- (2) Name, address, and telephone number of the client's next of kin, guardian, personal representative, or agent;
- (3) Diagnosis;
- (4) Medications, including last dose taken and when the next dose is due;
- (5) Allergies;
- (6) Functional limitations;
- (7) Date of birth;
- (8) Insurance information;
- (9) Advance directives; and
- (10) Any other pertinent information not specified in (1)-(9) above.

(v) The licensee shall only perform point of care testing (POCT), that is waived complexity as designated by the federal drug administration (FDA) and known as CLIA-waived laboratory tests, unless the facility is also licensed by the state of New Hampshire as a laboratory under He-P 808.

(w) If CLIA-waived laboratory testing is performed by personnel, the licensee shall:

- (1) Obtain the appropriate CLIA certificate pursuant to 42 CFR Part 493.15; and
- (2) Develop and implement a POCT policy, which educates and provides procedures for the proper handling and use of POCT devices, including the documentation of training and demonstrated competency of all testing personnel.

(x) The licensee shall have current copies of manufacturer's instructions and package inserts and shall follow all manufacturer's instructions and recommendations for the use of POCT meters and devices to include, but not limited to:

- (1) Storage requirements for POCT meters and devices, test strips, test cartridges, and test kits;
- (2) Performance of test specimen requirements, testing environment, test procedure, troubleshooting error codes and messages, reporting results; and

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(3) All recommended and required quality control procedures for POCT meters and devices.

(y) Licensees performing CLIA-waived laboratory testing or specimen collection shall be in compliance with He-P 808, He-P 817, and 42 CFR 493, as applicable.

(z) The licensee shall require all individuals in contact with clients to wear a form of identification which readily discloses the name, licensure status, if any, and staff position as required pursuant to RSA 151:3-b.

(aa) Upon admission, the provider shall conduct an orientation, either individually or by group, that includes:

(1) The basic daily, weekly, or monthly fee, cost-share, or co-pay, if applicable;

(2) The administrative discharge policy and the grounds for administrative discharge;

(3) When clinically appropriate, and with the written consent of the client, the availability of referrals to, and assistance in accessing, medication assisted SUD treatment, psychiatric treatment, or primary care doctors either on-site or off-site;

(4) Client rights in accordance with RSA 151:21 and how to report grievances to the department;

(5) All applicable laws regarding confidentiality, including the limits of confidentiality and mandatory reporting requirements; and

(6) All clients shall sign and date a receipt that the orientation was conducted and attended.

Readopt with amendment He-P 826.17, effective 11-1-18 (Document #12658), as amended effective 11-26-19 (Document #12928), to read as follows:

He-P 826.17 Medication Services.

(a) All medications and treatments shall be administered in accordance with the orders of the licensed practitioner, except as allowed in (b) below.

(b) The facility shall have written approval from the client's licensed practitioner, at time of admission, of a list of approved over-the-counter (OTC) medications taken in accordance with the directions on the medication container or as ordered by the client's licensed practitioner.

(c) Medications, treatments, and diets ordered by the licensed practitioner shall be available to give to the client within 24-hours or in accordance with the licensed practitioner's direction.

(d) The licensee shall have a written policy and system in place instructing how to:

(1) Obtain any medication ordered for immediate use at the SUD-RTF;

(2) Reorder medications for use at the SUD-RTF;

(3) Receive, record, and reconcile new medication orders; and

(4) Administer or assist with administration of medications.

(e) For each prescription medication being taken by a client, the licensee shall maintain, in the client's record, either the original or a copy of the written order signed by a licensed practitioner.

(f) Each medication order shall legibly display the following information:

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- (1) The client's name;
- (2) The medication name, strength, prescribed dose, and route, if different than by mouth;
- (3) The frequency of administration;
- (4) The indications for usage for all medications that are used PRN; and
- (5) The dated signature of the licensed practitioner.

(g) For PRN medications, the licensed practitioner or a pharmacist shall indicate, in writing, the indications for use and any special precautions or limitations to the use of the medication, including the maximum allowed dose in a 24-hour period.

(h) All prescription medications brought by a client to the program shall be in their original containers and comply with (f) above.

(i) Each prescription medication shall legibly display the following information:

- (1) The client's name;
- (2) The medication name, strength, the prescribed dose, and route of administration;
- (3) The frequency of administration;
- (4) The indications for usage of all PRN medications;
- (5) The date ordered;
- (6) The name of the prescribing licensed practitioner; and
- (7) The expiration date of the medication(s).

(j) The label of all medication containers maintained in the SUD-RTF shall match the current written orders of the licensed practitioner unless authorized by (m) below.

(k) Only a pharmacist shall make changes to prescription medication container labels, unless authorized by (m) below.

(l) Any change or discontinuation of medications taken at the SUD-RTF shall be pursuant to a written order from a licensed practitioner.

(m) When the licensed practitioner changes the dose of a medication and personnel of the SUD-RTF are unable to obtain a new prescription label:

- (1) The original container shall be clearly and distinctly marked, for example, with a colored sticker that does not cover the pharmacy label, in a manner consistent with the SUD-RTF's written procedure, indicating that there has been a change in the medication order;
- (2) Personnel shall cross out the previous order on the daily medication record, indicating that the dose has been changed, and write the new order in the next space available on the medication record; and
- (3) The change in dosage, without a change in prescription label as described in (1) and (2) above, shall be allowed for a maximum of 90 days from the date of the new medication order or until the

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- medications in the marked container are exhausted or, in the case of PRN medications, until the expiration date on the container, whichever occurs first.
- (n) Telephone orders shall be counter-signed by the licensed practitioner within 15 days of receipt.
- (o) All prescription medications, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be kept on the client's person or stored in the client's room, shall be stored as follows:
- (1) Kept in a storage area that is:
 - a. Locked and accessible only to authorized personnel;
 - b. Organized to allow correct identification of each client's medication(s);
 - c. Illuminated in a manner sufficient to allow reading of all medication labels; and
 - d. Equipped to maintain medication at the proper temperature;
 - (2) Controlled drugs, as defined by RSA 318-B:1,VI, shall be kept in a separately locked compartment within the locked medication storage area and accessible only to authorized personnel; and
 - (3) Topical liquids, ointments, patches, creams, and powder forms of products shall be stored in a manner such that cross-contamination with oral, optic, ophthalmic, and parenteral products shall not occur.
- (p) OTC medications shall be handled in the following manner:
- (1) Only original, unopened containers of OTC medications shall be allowed to be brought into the program; and
 - (2) OTC medication shall be stored in accordance with (o)(1) above.
- (q) The licensee shall develop and implement written policies and procedures regarding a system for maintaining counts of controlled drugs.
- (r) The SUD-RTF shall have a clearly identified policy for storage and administration of naloxone that includes the following:
- (1) The process for regularly reviewing and updating the standing order for the naloxone kits on the premises;
 - (2) The process for ensuring regular review of naloxone kits for expiration;
 - (3) If naloxone is administered, the policy shall include a statement that 911 shall be called immediately; and
 - (4) If naloxone is not administered but an overdose is suspected, the policy shall include a statement that 911 shall be called immediately.
- (s) All medications self-administered by a client, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be taken by the client without supervision, shall be supervised by the program staff, as follows:
- (1) Staff shall remind the client to take the correct dose of their medication at the correct time;

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- (2) Staff may open the medication container but shall not be permitted to physically handle the medication itself in any manner;
- (3) Staff shall remain with the client to observe them taking the prescribed dose and type of medication; and
- (4) For each medication taken, staff shall document in an individual client medication log the following:
 - a. The medication name, strength, dose, frequency, and route of administration;
 - b. The date and the time the medication was taken;
 - c. The signature or identifiable initials of the person supervising the taking of said medication; and
 - d. The reason for any medication refused or omitted.
- (t) Except as allowed by (v) below, any contaminated, expired, or discontinued medication shall be destroyed within 30 days of the expiration date, the end date of a licensed practitioner's orders or the medication becomes contaminated, whichever occurs first.
- (u) Controlled drugs shall be destroyed only in accordance with state law and;
 - (1) Be accomplished in the presence of at least 2 people; and
 - (2) Be documented in the record of the client for whom the drug was prescribed.
- (v) Medication(s) may be returned to pharmacies for credit only as allowed by the law.
- (w) When a client is going to be absent from the SUD-RTF at the time medication is scheduled to be taken, the medication container shall be given to the client if the client is capable of self-administering, as described in (s) above and (ac) below.
- (x) If a client is going to be absent from the SUD-RTF at the time medication is scheduled to be taken and the client is not capable of self-administering, the medication container shall be given to the person responsible for the client while the client is away from the SUD-RTF.
- (y) Upon discharge or transfer, the licensee shall make the client's current medications available to the client and the guardian, personal representative, or agent unless determined by a licensed practitioner, licensed clinical supervisor, or licensed counselor that the client is a risk to themselves or others.
- (z) A written order from a licensed practitioner shall be required for any client who is authorized to carry emergency medications, including epi-pens, nitroglycerine, and inhalers.
- (aa) Clients shall receive their medications by one of the following methods:
 - (1) Self-administered as described in (s) above;
 - (2) Self-directed administration of medication as allowed by (ac) below;
 - (3) Self-administered with assistance as allowed by (ad) below; or
 - (4) Administered by individuals authorized by law.

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(ab) The licensee shall allow the client to self-direct administration of medications as defined in He-P 826.03(cu) if the client:

- (1) Has a physical limitation due to a diagnosis that prevents them from self-administration;
- (2) Receives evaluations every month or sooner, based on a significant change in the client, to ensure the client maintains the physical and mental ability to self-direct administration of medications;
- (3) Obtains written verification of the client's physical limitation and self-directing capabilities from their licensed practitioner and requests the SUD-RTF to file the verification in the client record; and
- (4) Verbally directs personnel to:
 - a. Assist them with preparing the correct dose of medication by pouring, applying, crushing, mixing, or cutting; and
 - b. Assist the client to apply, ingest, or instill the ordered dose of medication.

(ac) If a client self-administers medication with assistance, as defined in He-P 826.03(cs), personnel shall:

- (1) Remind the client to take the correct dose of their medication at the correct time;
- (2) Place the medication container within reach of the client and open the container, if requested by the client;
- (3) Remain with the client to observe the client taking the appropriate amount and type of medication as ordered by the licensed practitioner;
- (4) Record on the client's daily medication record that they have supervised the client taking their medication;
- (5) Document in the client's record any observed or reported side effects, adverse reactions, and refusal to take medications and or medications not taken; and
- (6) Not physically handle the medication in any manner.

(ad) Medication administered by individuals authorized by law to administer medications shall be:

- (1) Prepared immediately prior to administration; and
- (2) Prepared, identified, and administered by the same person in compliance with RSA 318-B and RSA 326-B.

(ae) Personnel shall remain with the client until the client has taken the medication.

(af) If a nurse delegates the task of medication administration to an individual not licensed to administer medications, the nurse shall follow the requirements of RSA 326-B.

(ag) The licensee shall maintain a written record for each medication taken by the client at the SUD-RTF that contains the following information:

- (1) Any allergies or allergic reactions to medications;

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- (2) The medication name, strength, dose, frequency, and route of administration;
- (3) The date and the time the medication was taken;
- (4) The signature, identifiable initials, and job title of the person who administers, supervises, or assists the client taking medication;
- (5) For PRN medications, the reason the client required the medication and the effect of the PRN medication;
- (6) Documented reason for any medication refusal or omission; and
- (7) Any observed or reported side effects and adverse drug reactions.

(ah) Personnel who are not otherwise licensed practitioners, nurses, or medication nursing assistants and who assist a client with self-administration with assistance, self-directed administration, or administration of medication via nurse delegation shall complete, at a minimum, a 4-hour medication supervision education program covering both prescription and non-prescription medication.

(ai) The medication supervision education program shall be taught by a licensed nurse, licensed practitioner, or pharmacist, whether in-person or through other means such as electronic media.

(aj) The medication supervision education program required by (ah) above shall include:

- (1) Infection control and proper hand washing techniques;
- (2) The 5 rights which shall include:
 - a. The right client;
 - b. The right medication;
 - c. The right dose;
 - d. Administered at the right time; and
 - e. Administered via the right route;
- (3) Documentation requirements;
- (4) General categories of medications, such as antidepressants or antibiotics;
- (5) Desired effects and potential side effects of medications; and
- (6) Medication precautions and interactions.

(ak) The administrator may accept documentation of training required by (ah) above if it was previously obtained by the applicant for employment at another licensed facility.

(al) The licensee shall document in the client record and report any observed adverse drug reactions and side effects to the licensed practitioner, guardian, personal representative, or agent.

(am) The licensee shall document in the client record and report any medication errors that cause adverse reactions that require medical intervention to the licensed practitioner, guardian, personal representative, or agent.

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(an) The licensee shall report to the department any medication error that requires medical intervention as required pursuant to He-P 826.14(x).

(ao) No medication, whether prescription medication or OTC medication, shall be borrowed from another client.

(ap) OTC medications that are not labeled for a specific client, including but not limited to pharmaceutical samples and “house stock” medications, may be kept at the facility provided that these medications are only dispensed to a client with a signed order from an authorized licensed practitioner specifying that the client may take the medication according to the instructions of the manufacturer, or specifying the dosage, frequency, and route.

(aq) The department shall order a facility to obtain the routine services of a consultant pharmacist for 12 months if areas of noncompliance regarding medications, which the department determines present a potential risk to client’s health, are found during any inspection or investigation.

(ar) The licensee shall provide and document in writing, an annual review of its policies and procedures for self-administration of medication without assistance, self-administration of medication with assistance, and self-directed medication administration to all direct care personnel.

Readopt with amendment He-P 826.18 through He-P 826.26, effective 11-1-18 (Document #12658), to read as follows:

He-P 826.18 Personnel.

(a) The licensee shall ensure that sufficient numbers of qualified personnel are present in the SUD-RTF to meet the needs of clients at all times.

(b) There shall be at least one awake personnel member on duty at all times while clients are in the facility.

(c) For all applicants for employment, volunteers, and independent contractors , the licensee shall:

- (1) Obtain and review a criminal records check, which shall include criminal history from the state of New Hampshire;
- (2) Review the results of the criminal records check in accordance with (d) below;
- (3) Verify the qualifications of all applicants prior to employment; and
- (4) Verify that the applicant is not listed on the BAAS registry maintained by the department’s bureau of aging and adult services.

(d) Unless a waiver is granted in accordance with (f)(2) below, the licensee shall not offer employment, contract with, or engage a person in (c) above, if the person:

- (1) Has been convicted of a felony in this or any other state;
- (2) Has been convicted for sexual assault, assault, other violent crime, fraud, theft, abuse, neglect, or exploitation in this or any other state;
- (3) Has been found by the department or any administrative agency in this or any other state for assault, fraud, theft, abuse, neglect, or exploitation of any person; or
- (4) Otherwise poses a threat to the health, safety, or well-being of the clients.

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(e) If the information identified in (d) above regarding any person in (c) above is learned after the person is hired, contracted with, or engaged, the licensee shall immediately notify the department and either:

- (1) Cease employing, contracting with, or engaging the person; or
- (2) Request a waiver of (d) above.

(f) If a waiver of (d) above is requested, the department shall review the information and the underlying circumstances in (d) above and shall either:

- (1) Notify the licensee that the person cannot or can no longer be employed, contracted with, or engaged by the licensee, or the person cannot or can no longer reside in the facility if, after investigation, it determines that the person poses a threat to the health, safety, or well-being of a client; or
- (2) Grant a waiver of (d) above if, after investigation, it determines that the person does not pose a current threat to the health, safety, or well-being of a client(s).

(g) The licensee shall not employ, contract with, or engage, any person in (c) above who is listed on the BAAS state registry unless a waiver is granted by BAAS.

(h) In lieu of (c) and (g) above, the licensee may accept from independent agencies contracted by the licensee or by an individual client to provide direct care or personal care services a signed statement that the agency's employees have complied with (c) and (g) above and do not meet the criteria in (d) and (g) above.

(i) Administrators shall be at least 21 years of age and have a minimum of one of the following combinations of education and experience:

- (1) A bachelor's degree from an accredited institution and one year of relevant experience working in a health related field;
- (2) A New Hampshire license as an RN, with at least one year relevant experience working in a health related field;
- (3) An associate's degree from an accredited institution plus 3 years relevant experience in a health related field;
- (4) A MLADC or LADC license issued by the state of New Hampshire; or
- (5) Licensed by the board of mental health practice with at least one year of relevant experience working in substance use disorder treatment.

(j) All administrators shall obtain and document 12 hours of continuing education related to substance use disorder services each annual licensing period to comply with (q)(7) and (q)(8) below.

(k) The licensee shall employ or contract with a medical director who is:

- (1) A licensed practitioner in the state of New Hampshire; and
- (2) Has experience providing medical services to clients with behavioral health or substance use disorder needs.

(l) All direct care personnel shall be at least 18 years of age.

(m) The licensee shall inform personnel of the line of authority at the SUD-RTF.

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(n) The licensee shall educate personnel about the needs and services required by the clients under their care.

(o) Prior to having direct contact with clients, personnel, including volunteers and independent contractors, shall:

(1) Submit to the licensee the results of a physical examination or a health screening performed by a licensed nurse or a licensed practitioner and the results of a 2-step tuberculosis (TB) test, Mantoux method, or other method approved by the Centers for Disease Control, both conducted not more than 12 months prior to employment, contract, or engagement;

(2) Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and

(3) Comply with the requirements of the Centers for Disease Control and Prevention “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings” (2005 edition), available as noted in Appendix A, if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to M. tuberculosis through shared air space with persons with infectious tuberculosis.

(p) In lieu of (o)(1) above, independent agencies contracted by the facility or by an individual client to provide direct care or personal care services may provide the licensee with a signed statement that its employees have complied with (o)(1) and (3) above before working at the SUD-RTF.

(q) Prior to having contact with clients or food, personnel shall receive a tour of and orientation to the SUD-RTF that includes the following:

(1) The patients’ rights in accordance with RSA 151:21;

(2) The SUD-RTF’s complaint procedures;

(3) The duties and responsibilities of the position;

(4) The medical emergency procedures;

(5) The emergency and evacuation procedures;

(6) The infection control procedures as required by He-P 826.21;

(7) The facility confidentiality requirements;

(8) Grievance procedures for both staff and clients;

(9) The procedures for food safety for personnel involved in preparation, serving, and storing of food; and

(10) The mandatory reporting requirements including RSA 161-F:46 and RSA 169-C:29.

(r) Unless the staff member who provides direct care holds a New Hampshire counseling license granted by the office of professional licensing and certification, all direct-care staff shall be trained on the following topics prior to providing direct care, as appropriate for their role based on their job description, unless they can show proof of attendance of a similar training within 2 years prior to date of hire:

(1) Trauma informed care;

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- (2) Suicide prevention;
 - (3) The 12 core functions of substance use counselors;
 - (4) “The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice”, covered in SAMHSA’s “TAP 21: Addiction Counseling Competencies”, available as noted in Appendix A;
 - (5) The standards of practice and ethical conduct, with particular emphasis given to the staff member's role, and appropriate responsibilities, professional boundaries, and power dynamics;
 - (6) Standards of practice related to appropriate information security and confidentiality practices for handling protected health information (PHI) and substance use disorder treatment records as safeguarded by 42 CFR Part 2; and
 - (7) The ASAM criteria.
- (s) The licensee shall provide all personnel with an annual continuing education or in-service education training, which at a minimum contains the following:
- (1) The licensee’s client’s rights and complaint procedures required under RSA 151;
 - (2) The licensee’s infection control program;
 - (3) The licensee’s written emergency plan;
 - (4) The provisions of 42 CFR Part 2;
 - (5) The licensee’s policies and procedures;
 - (6) The mandatory reporting requirements including RSA 161-F:46 and RSA 169-C:29.
 - (7) The medication administration policy; and
 - (8) Procedures for food safety for personnel involved in preparation, serving, and storing of food.
- (t) The SUD-RTF shall maintain a separate employee file for each employee, which shall include the following:
- (1) A completed application for employment or a resume;
 - (2) Proof that the individual meets the minimum age requirements;
 - (3) A statement signed by each individual that they have received a copy of and received training on the implementation of the licensee’s policy setting forth the clients rights and responsibilities as required by RSA 151:21;
 - (4) A copy of the results of the criminal record check and BAAS check;
 - (5) A job description signed by the individual that identifies the:
 - a. Position title;
 - b. Qualifications and experience; and
 - c. Duties required by the position;

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- (6) Record of satisfactory completion of the orientation program required by (r) above;
- (7) Information as to the general content and length of all in-service or educational programs attended;
- (8) Record of satisfactory completion of all required education programs required by (s) above;
- (9) A copy of each current driver's license, including proof of insurance, if the employee transports clients using their own vehicle;
- (10) Documentation that the required physical examinations, health screenings, TB test results, and radiology reports of chest x-rays, if required, have been completed by the appropriate health professionals; and
- (11) The statement required by (v) below,

(u) The SUD-RTF shall maintain the records, but not necessarily a separate file, for all volunteers and for all independent contractors who provide direct care or personal care services to clients or who will be unaccompanied by an employee while performing non-direct care or non-personal care services within the facility, as follows:

- (1) For volunteers, the information in (t)(1), (3), (4), (6), and (8)-(11) above; and
- (2) For independent contractors, the information in (t)(3), (4), (6), and (8)-(12) above, except that the letter in (h) and (o) above may be substituted for (s)(4), (10), and (11) above, if applicable.

(v) All personnel shall sign a statement at the time the initial offer of employment is made and then annually thereafter stating that they:

- (1) Do not have a felony conviction in this or any other state;
- (2) Have not been convicted of a sexual assault, assault, other violent crime, fraud, abuse, neglect, or exploitation or pose a threat to the health, safety, or well-being of a client; or
- (3) Have not had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect, or exploitation of any person.

(w) An individual shall not have to re-disclose any of the matters in (v) above if the documentation is available and the department has previously reviewed the material and determined that the individual can continue employment, contract, or engagement.

(x) The licensee shall protect and store in a secure and confidential manner all records described in (t) and (u) above.

(y) The licensee shall provide and document evidence of immunization against influenza for all consenting employees and shall provide to its consenting employees annual immunizations against influenza, to include:

- (1) That immunizations shall be provided and reported in accordance with RSA 151:9-b, I-V; and
- (2) The facility shall have a plan that identifies and documents, with dates, employees that have received or declined to receive immunizations.

(z) Personnel shall not be impaired while on the job by any substances including, but not limited to, legally prescribed medication, therapeutic cannabis, or alcohol.

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(aa) The SUD-RTF shall have a written policy, as described in RSA 151:41, establishing procedures for the prevention, detection, and resolution of controlled substance misuse, and diversion, which shall apply to all personnel, and which shall be the responsibility of a designated employee or interdisciplinary team which shall include:

- (1) Education;
- (2) Procedures for monitoring the distribution and storage of controlled substances;
- (3) Voluntary self-referral by employees who are misusing substances;
- (4) Co-worker reporting procedures;
- (5) Drug testing procedures to include at a minimum, testing where reasonable suspicion exists;
- (6) Employee assistance procedures;
- (7) Confidentiality;
- (8) Investigation, reporting, and resolution of controlled drug misuse or diversion; and
- (9) The consequences for violation of the controlled substance misuse, and diversion prevention policy.

(ab) The licensee shall comply with all dementia training requirements pursuant to RSA 151:47-50.

(ac) The training required in (ab) above shall include new information on best practices in the treatment and care of persons with dementia and be provided for:

- (1) A minimum of 6 hours for initial training to covered administrative staff members and covered direct service staff members within the first 90 days of hire; and
- (2) A minimum of 4 hours of continuing training each calendar year.

He-P 826.19 Client Records.

(a) The licensee shall maintain a legible, current, and accurate record for each client based on services provided at the SUD-RTF.

(b) Client records shall contain the following:

- (1) A copy of the client's residential service agreement and all documents required by He-P 826.16(c);
- (2) Identification data, including:
 - a. Vital information including the client's name, date of birth, and marital status;
 - b. Religious preference, if any; and
 - c. Name, address, and telephone number of an emergency contact person;
- (3) The name and telephone number of the client's licensed practitioner(s);
- (4) Contact information for the person referring the client for services, as applicable;
- (5) The name, address, and telephone number of the behavioral health care provider, if applicable;

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- (6) The client's health insurance information;
 - (7) Copies of any executed legal orders and directives, such as guardianship orders issued under RSA 464-A, a durable power of attorney for healthcare, or a living will;
 - (8) A record of the health examination(s) in accordance with He-P 826.16(p) and (q);
 - (9) Written, dated, and signed orders for the following:
 - a. All medications, treatments, and special diets, as applicable; and
 - b. Laboratory services and consultations performed at the SUD-RTF;
 - (10) Results of any laboratory tests, X-rays, or consultations performed at the SUD-RTF;
 - (11) All evaluations and treatment plans, including documentation that the client and the guardian, personal representative, or agent, has participated in the development of the care and treatment plans;
 - (12) All admission and progress notes;
 - (13) If services are provided at the SUD-RTF by individuals not employed by the licensee, documentation that includes the name of the agency providing the services, the date services were provided, the name of the person providing services, and a brief summary of the services provided;
 - (14) Documentation of any alteration in the client's daily functioning such as:
 - a. Signs and symptoms of illness; and
 - b. Any action that was taken including practitioner notification;
 - (15) Documentation of any medical or specialized care;
 - (16) Documentation of unusual incidents;
 - (17) The consent for release of information signed by the client, guardian, or agent;
 - (18) Discharge summary, planning, and referrals;
 - (19) Transfer or discharge documentation, including notification to the client, guardian, personal representative, or agent of involuntary room change, transfer, or discharge, if applicable;
 - (20) The information required by He-P 826.16(k) as applicable;
 - (21) Information data sheet, which contains the information required by He-P 826.16(t);
 - (22) Release of information sheet;
 - (23) Documentation of nurse delegation of medications as required by the nurse practice act, as applicable; and
 - (24) Documentation of a client's refusal of any care or services.
- (c) Client records and client information shall be kept confidential and only provided in accordance with 42 CFR Part 2, HIPAA, or any other applicable provision of law.

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(d) The licensee shall develop and implement a written policy and procedure document that specifies the method by which release of information from a client's record shall occur. For all SUD-RTF facilities, this shall include compliance with 42 CFR Part 2.

(e) When not being used by authorized personnel, client records shall be safeguarded against loss or unauthorized use or access.

(f) Any licensee that maintains electronic records shall develop written policies and procedures designed to protect the privacy of clients and personnel that include:

- (1) Procedures for backing up files to prevent loss of data;
- (2) Safeguards for maintaining the confidentiality of information pertaining to clients and staff; and
- (3) Systems to prevent tampering with information pertaining to clients and staff.

(g) Records shall be retained for at least 7 years after discharge.

(h) The licensee shall arrange for storage of, and access to, client records as required by (g) above in the event the SUD-RTF ceases operation.

He-P 826.20 Food Services for Residential Clients.

(a) The licensee shall provide food services to the clients that meets:

- (1) The U.S. Department of Agriculture's recommended dietary allowance as specified in the United States Department of Agriculture's "Dietary Guidelines for Americans 2020-2025" (Ninth Edition), available as noted in Appendix A;
- (2) The nutritional needs of each client; and
- (3) The special dietary needs associated with health or medical conditions for each client as identified in their client record.

(b) Each client shall be offered at least 3 nutritious meals in each 24-hour period when the client is in the licensed premise unless contraindicated by the client's treatment plan.

(c) Snacks shall be available between meals and at bedtime if not contraindicated by the client's treatment plan.

(d) If a client refuses the item(s) on the menu, a substitute shall be offered.

(e) Each day's menu shall be posted in a place accessible to food service personnel and clients.

(f) A dated record of menus as served shall be maintained for at least the previous 4 weeks.

(g) The licensee shall provide therapeutic diets to clients only as directed by a licensed practitioner or other professional with prescriptive authority.

(h) If a client has a pattern of refusing to follow a prescribed diet, personnel shall document the reason for the refusal in the client's medical record and notify the client's licensed practitioner.

(i) All food and drink provided to the clients shall be:

- (1) Safe for human consumption, free of spoilage, and free from other contamination;

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- (2) Stored, prepared, and served in a manner consistent with safe food handling practices for the prevention of food borne illnesses, including but not limited to those set forth in He-P 2300 and Chapter 3, entitled “Food” of the U.S. Department of Health and Human Services, Public Health Services, Food and Drug Administrations’, “Food Code” (2017 edition), available as noted in Appendix A;
 - (3) Served at the proper temperature;
 - (4) Labeled, dated, and stored at proper temperatures; and
 - (5) Stored so as to protect it from dust, insects, rodents, overhead leakage, unnecessary handling, and all other sources of contamination.
- (j) The use of outdated, unlabeled food, or canned goods that have damage to their hermetic seal shall be prohibited and such goods shall be immediately discarded.
- (k) All food not in the original package shall be stored in labeled and dated containers designed for food storage.
- (l) All work surfaces shall be cleaned and sanitized after each use.
- (m) All dishes, utensils, and glassware shall be in good repair, cleaned, and sanitized after each use and properly stored.
- (n) All food service equipment shall be kept clean and maintained according to manufacturer’s guidelines.
- (o) Food service areas shall not be used to empty bedpans or urinals or as access to toilet and utility rooms.
- (p) If soiled linen is transported through food service areas, the linen shall be in an impervious container.
- (q) Trash receptacles in food service areas shall have covers and remain closed except when in use.
- (r) All SUD-RTF persons involved in the preparing and serving of food shall wash their hands and exposed portions of their arms with liquid soap and running water before handling or serving food.
- (s) Regularly scheduled training programs including sanitation and safety shall be made available to food service personnel. Information as to the content and length of this training shall be documented and kept in employee records.

He-P 826.21 Infection Control.

- (a) The SUD-RTF 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.
- (b) The infection control program shall include written procedures for:
- (1) Proper hand-washing techniques;
 - (2) The utilization of universal precautions as specified by the United States Centers for Disease Control and Prevention “2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings,” (September 2024), available as noted in Appendix A;

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- (3) The management of clients with infectious or contagious diseases or illnesses;
 - (4) The handling, storage, transportation, and disposal of those items identified as infectious waste in Env-Sw 103.32 and regulated by Env-Sw 904;
 - (5) The reporting of infectious and communicable diseases as required by He-P 301; and
 - (6) Maintenance of a sanitary physical environment.
- (c) The infection control education program shall address:
- (1) Causes of infection;
 - (2) Effects of infections;
 - (3) Transmission of infections;
 - (4) Prevention and containment of infections; and
 - (5) Use of universal precautions.
- (d) 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 without personal protection equipment to prevent disease transmission until they are no longer contagious.
- (e) Personnel infected with scabies, lice, pediculosis, or any communicable disease shall not provide direct care to clients or work in food services until such time as they are no longer infected.
- (f) Pursuant to RSA 141-C:1, personnel with a newly positive tuberculosis test or a diagnosis of suspected active pulmonary or laryngeal tuberculosis shall be excluded from the SUD-RTF 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.
- (g) 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, tight fitting bandage.
- (h) Each licensee caring for clients with infectious or contagious diseases shall have available appropriate isolation accommodations, equipment, rooms, and personnel as specified by the United States Centers for Disease Control and Prevention “2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings,” (September 2024), available as listed in Appendix A.
- (i) The licensee shall arrange for and document the immunization of all consenting clients for pneumococcal disease, as applicable, and all consenting clients for influenza in accordance with RSA 151:9-b and report immunization data to the department’s immunization program.

He-P 826.22 Sanitation.

- (a) The licensee shall maintain a clean, safe, and sanitary environment, both inside and outside.
- (b) The furniture, floors, ceilings, walls, and fixtures shall be clean, sanitary, and in good repair.
- (c) A supply of potable water shall be available for human consumption and food preparation.
- (d) A supply of hot and cold running water shall be available at all times and precautions, such as temperature regulation, shall be taken to prevent a scalding injury to the clients.

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(e) Hot water shall be of a high enough temperature to ensure sanitation and food safety when used for laundry and food preparations.

(f) All client bathing and toileting facilities shall be cleaned and disinfected as often as necessary to prevent illness or contamination.

(g) Cleaning solutions, compounds, and substances considered hazardous waste, as defined in RSA 147-A:2, VII, shall be distinctly labeled and legibly marked so as to identify the contents and stored in a place, such as a locked closet or cabinet, separate from food, medications, and client supplies.

(h) Toxic materials shall not be used in a way that contaminates food, equipment, or utensils or in any way other than in full compliance with the manufacturer's labeling.

(i) Only individuals authorized under RSA 430:33 may apply pesticides, as defined by RSA 430:29, XXVI, in food storage, food preparation, or dining areas.

(j) Solid waste, garbage, and trash shall be stored in a manner to make it inaccessible to insects and rodents, outdoor animals, and facility pets.

(k) In-house trash and garbage receptacles shall be emptied in a timely manner and lined, or cleaned and disinfected after emptying or when visibly soiled.

(l) Trash receptacles in food service areas shall be covered at all times, except during food preparation and subsequent clean-up.

(m) Laundry and laundry rooms shall meet the following requirements:

- (1) Laundry and laundry rooms shall be kept separate from kitchen and dining areas;
- (2) Clean linen shall be stored in a clean area and shall be separated from soiled linens at all times;
- (3) Soiled materials, linens, and clothing shall be transported in a laundry bag, sack, or container and washed in a sanitizing solution used in accordance with the manufacturer's recommendations; and
- (4) Soiled linens and clothing which are considered contaminated with infectious waste under Env-Sw 904 shall be handled as infectious waste.

(n) Laundry rooms and bathrooms shall have non-porous floors.

(o) Sterile or clean supplies shall be stored in dust and moisture-free storage areas.

(p) Any SUD-RTF that has its own water supply and whose water has been tested and has failed to meet the acceptable levels identified in this section, or as required by the department of environmental services shall notify the department.

He-P 826.23 Quality Improvement.

(a) The SUD-RTF 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.

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(c) The SUD-RTF 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 SUD-RTF; 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 confidential in accordance with RSA 151:5-c

He-P 826.24 Physical Environment.

(a) The physical environment shall be maintained, inside and outside, so as to provide for the health, safety, well-being, and comfort of client(s) and personnel, including reasonable accommodations for clients and personnel with mobility limitations.

(b) The SUD-RTF shall:

- (1) Have all emergency entrances and exits accessible at all times;
- (2) Be maintained in good repair and kept free of hazards to personnel and clients, including hazards from falls, burns, or electric shocks;
- (3) Be free from environmental nuisances, including excessive noise and odors;
- (4) Keep all corridors free from obstructions; and
- (5) Take reasonable measures to prevent the presence of rodents, insects, and vermin to include:
 - a. Having tightly fitting screens on all doors, windows, or other openings to the outside unless the door is self-closing and remains closed when not in use;
 - b. Repairing holes and caulking of pipe channels; and
 - c. Extermination by a pesticide applicator licensed under RSA 430.

(c) Equipment providing heat within an SUD-RTF including, gas furnace or boiler, oil furnace or boiler, wood stove, or pellet stove shall:

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- (1) Maintain a temperature as follows, except where clients have control of the thermostat in their own room:
 - a. Be at least 65 degrees Fahrenheit at night; and
 - b. Be at least 70 degrees Fahrenheit during the day if the client(s) are present; and
- (2) Be serviced once a year or as recommended by the manufacturer with written documentation of such service retained for at least 4 years.
- (d) Electric heating systems shall be exempt from (c)(2) above.
- (e) Unvented fuel-fired heaters shall not be used in any SUD-RTF.
- (f) Ventilation shall be provided in all enclosed living areas by means of a mechanical ventilation system or one or more screened windows that can be opened.
- (g) Each client bedroom shall have natural lighting provided by at least one operable window with a screen to the outside, which is of a size equivalent to or greater than 8% of the room's gross square footage or comparable artificial lighting.
- (h) The number of sinks, toilets, tubs, or showers shall be in a ratio of one for every 6 individuals, unless personnel have separate bathroom facilities not used by clients.
- (i) All showers and tubs shall have slip resistant floors and surfaces which are intact, easily cleanable, and impervious to water.
- (j) All hand-washing facilities shall be provided with hot and cold running water.
- (k) In a SUD-RTF, there shall be at least 70 square feet per room with a single bed and 120 square feet per room with 2 beds, exclusive of space required for closets, wardrobe, and toilet facilities.
- (l) In a SUD-RTF which provides full medical withdrawal management, there shall be at least 120 square feet per room for a single bed, exclusive of space required for closets, wardrobe, and toilet facilities.
- (m) If a SUD-RTF was licensed as a He-P 807 residential treatment and rehabilitation facility prior to 2018, the licensee shall be exempt from (k) and (l) above.
- (n) Each bedroom shall:
 - (1) Contain no more than 2 beds;
 - (2) Have its own separate entry to permit the client to reach their bedroom without passing through the room of another client;
 - (3) Have a side hinge or pocket door that latches and meets applicable codes, and not a folding door or a curtain;
 - (4) Not be used simultaneously for other purposes;
 - (5) Be separated from halls, corridors, and other rooms by floor to ceiling walls; and
 - (6) Be located on the same level as the bathroom facilities, if the client has impaired mobility as identified by the evaluation.
- (o) The licensee shall provide the following for the clients' use, as needed:

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- (1) A bed appropriate to the needs of the client;
 - (2) A firm mattress that complies with the state fire code;
 - (3) Clean linens, blankets, and a pillow;
 - (4) A bureau;
 - (5) A mirror;
 - (6) A bedside table;
 - (7) Adequate lighting;
 - (8) A chair;
 - (9) A closet or storage space for personal belongings; and
 - (10) Window blinds, shades, or curtains that provide privacy.
- (p) The client may use their own personal possessions provided they do not pose a risk to the client or others as evidenced by documented inspection for fire safety and insect infestation.
- (q) The licensee shall provide the following rooms to meet the needs of clients:
- (1) One or more living rooms or multi-purpose rooms; and
 - (2) Dining facilities with a seating capacity capable of meeting the needs of all clients.
- (r) Each licensee shall have an UL listed communication system in place so that all clients can effectively contact personnel when they need assistance with care or in an emergency.
- (s) Lighting shall be available to allow clients to participate in activities such as reading or handicrafts.
- (t) All bathroom, bedroom, and closet door latches or locks shall be designed for easy opening from the inside and outside in an emergency.
- (u) Screens shall be provided for doors, windows, and other openings to the outside.
- (v) Doors that are self-closing and remain closed when not in use shall be exempt from the requirement in (u) above.
- (w) Portable space heating devices shall be prohibited, unless:
- (1) Such devices are used only in employee areas where personnel are present and awake at all times; and
 - (2) The heating elements of such devices do not exceed 212 degrees Fahrenheit.

He-P 826.25 Fire Safety.

- (a) The facility shall meet the appropriate chapter of NFPA 101, the appropriate chapters of the state fire code pursuant to RSA 153:5, and the appropriate chapters of the state building code, including but not limited to:

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- (1) Residential board and care occupancies for facilities in which the clients are capable of self-evacuation;
 - (2) Health care occupancy for facilities or portions of a facility in which the clients are not capable of self-evacuation; or
 - (3) If the building is being designed as a mixed-use facility, a portion of clients are capable of self-evacuation and another portion the clients are not capable of self-evacuation, then the areas shall be appropriately separated into their use groups as defined under the state fire code and state building code.
- (b) All SUD-RTF's shall have:
- (1) Smoke detectors on every level and in every bedroom that are interconnected and either hardwired, powered by the SUD-RTF's electrical service, or wireless, as approved by the state fire marshal for the SUD-RTF;
 - (2) At least one UL Listed, ABC type portable fire extinguisher, with a minimum rating of 2A-10BC installed on every level of the building, and which meets the following requirements:
 - a. Maximum travel distance to each extinguisher shall not exceed 50 feet;
 - b. Be inspected either manually or by means of an electronic monitoring device or system at least once per calendar month, at intervals not exceeding 31 days;
 - c. Records for manual inspection, or electronic monitoring shall be kept to demonstrate that at least 12 monthly inspections have been performed for the most recent 12-month period;
 - d. Annual maintenance shall be performed on each extinguisher by trained personnel, and each extinguisher shall have a tag or label shall be securely attached that indicates that maintenance was performed; and
 - e. The components of the electronic monitoring device or system shall be tested and maintained annually in accordance with the manufacturers listed maintenance manual; and
 - (3) An approved carbon monoxide monitor on every level.
- (c) A written emergency and fire safety program shall be developed and implemented to provide for the safety of clients and personnel.
- (d) Immediately following any fire or emergency situation, licensees shall notify the department by phone to be followed by written notification within 72 hours, with the exception of a false alarm or emergency medical services (EMS) transport for a non-emergent reason.
- (e) The written notification required by (d) above shall include:
- (1) The date and time of the incident;
 - (2) A description of the location and extent of the incident, including any injury or damage;
 - (3) A description of events preceding and following the incident;
 - (4) The name of any personnel or clients who were evacuated as a result of the incident, if applicable;

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- (5) The name of any personnel or clients who required medical treatment as a result of the incident, if applicable; and
 - (6) The name of the individual the licensee wishes the department to contact if additional information is required.
- (f) If the licensee has chosen to allow smoking on the premises of the SUD-RTF, a designated smoking area shall be provided which:
- (1) Has a dedicated ventilation system, so that smoke or odors cannot escape or be detected outside the designated smoking room;
 - (2) Has walls and furnishings constructed of non-combustible materials;
 - (3) Has metal waste receptacles and safe ashtrays; and
 - (4) Is in compliance with the requirements of RSA 155:64–77.
- (g) A copy of the fire safety plan including fire drill actions shall be made available to and reviewed with the client, or the client’s guardian, personal representative, or agent, at the time of admission and a summary of the client’s responsibilities shall be provided to the client. Each client shall receive an individual fire drill walk-through within 5 days of admission, as appropriate.
- (h) The fire safety plan shall be reviewed and approved as follows:
- (1) A copy of the fire safety plan shall be made available, annually and whenever changes are made, to the local fire chief for review and approval;
 - (2) The facility shall obtain initial written approval of all fire safety plans from the local fire chief; and
 - (3) If changes are made to the plan, they shall be submitted to the local fire chief for review and approval, as appropriate, prior to the change.
- (i) Fire drills shall be conducted as follows:
- (1) For buildings constructed to the “Residential Board and Care” or “One and Two Family Dwelling” chapters of the life safety code, NFPA 101, the following shall be required:
 - a. The administration of every residential board and care facility shall have, in effect and available to all supervisory personnel, written copies of a plan for protecting all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary;
 - b. Clients shall be trained to assist each other in case of fire or emergency to the extent that their physical and mental abilities permit them to do so, without additional personal risk;
 - c. All SUD-RTF Tier 1, 2, and 3 facilities shall conduct fire drills not less than 6 times per year on a bimonthly basis, with not less than 2 drills conducted during the night when clients are sleeping. Actual exiting from windows shall not be required, however opening the window and signaling for help shall be an acceptable alternative;
 - d. The drills shall involve the actual evacuation of all clients to an assembly point, as specified in the emergency plan, and approved by the department and the local fire authority

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based on construction of the building and shall provide clients with experience in egressing through all exits and means of escape;

e. Facilities shall complete a written record of fire drills that includes the following:

1. The date and time including AM/PM the drill was conducted and if the actual fire alarm system was used;
2. The location of exits used;
3. The number of people, including clients, personnel, and visitors, participating at the time of the drill;
4. The amount of time taken to completely evacuate the facility;
5. The name and title of the person conducting the drill;
6. A list of problems and issues encountered during the drill;
7. A list of improvements and resolution to the issues encountered during the fire drill; and
8. The names of all staff members participating in the drill;

f. At no time shall a staff member who has not participated in a fire drill be the only staff member on duty within the facility;

g. The fire drills for facilities built to the “Residential Board and Care” chapter of the life safety code, NFPA 101, shall be permitted to be announced, in advance, to the clients just prior to the drill; and

h. Evacuation drills shall include the transmission of a fire alarm signal, and simulation of emergency fire conditions;

(2) For SUD-RTF's originally constructed to the “Health Care Occupancy” chapter of the life safety code or which have been physically evaluated, rehabilitated, and approved by a New Hampshire licensed fire protection engineer, the state fire marshal’s office, and the department to meet the “Health Care Occupancy” chapter, the following shall be required:

a. The facility shall develop a fire safety plan, which provides for the following:

1. Use of alarms;
2. Transmission of alarms to fire department;
3. Emergency phone call to fire department;
4. Response to alarms;
5. Isolation of fire;
6. Evacuation of immediate area;
7. Evacuation of smoke compartment;
8. Preparation of floors and building for evacuation;

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9. Extinguishment of fire; and

10. Written emergency telephone numbers for key staff, fire and police departments, poison control center, 911, and ambulance service(s);

b. Fire drills shall be conducted quarterly on each shift to familiarize facility personnel such as medical personnel, maintenance engineers, and administrative staff, with the signals and emergency action required under varied conditions;

c. Evacuation drills shall include the transmission of a fire alarm signal and simulation of emergency fire conditions;

d. Buildings that have a shelter in place, also known as defend in place, shall have this plan approved by the department and their local fire chief and shall be constructed to meet the "Health Care Occupancy" chapter of the life safety code;

e. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement shall be permitted to be used instead of audible alarms;

f. If the facility has an approved defend or shelter in place plan, then all personnel, clients, and visitors shall evacuate to that appropriate location or to the outside of the building to a selected assembly point and drills shall be designed to ensure that clients shall be given the experience of evacuating to the appropriate location or exiting through all exists;

g. Facilities shall complete a written record of fire drills and include the following:

1. The date and time including AM/PM the drill was conducted and if the actual fire alarm system was used;

2. The location of exits used;

3. The number of people, including clients, personnel, and visitors, participating at the time of the drill;

4. The amount of time taken to completely evacuate the facility or to an approved area of refuge or through a horizontal exit;

5. The name and title of the person conducting the drill;

6. A list of problems and issues encountered during the drill;

7. A list of improvements and resolution to the issues encountered during the fire drill; and

8. The names of all staff members participating in the drill; and

h. At no time shall a staff member who has not participated in a fire drill be the only staff member on duty within the facility; and

(3) The facility shall conduct a fire drill in the presence of a representative of the department, state fire marshal's office, or the local fire department upon request.

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(a) Each facility 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.

(b) 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.

(c) The emergency management committee shall develop and institute a written emergency preparedness plan to respond to a disaster or an emergency that shall be reviewed and updated at least annually.

(d) The emergency preparedness plan in (c) above shall:

(1) Comply with all relevant federal, state, and local laws, rules, codes, and ordinances, as applicable;

(2) Include site-specific plans for the protection of all persons on-site in the event of fire, natural disaster, severe weather, interruptions of any utility or services to the facility, and human-caused emergencies to include, but not be limited to, missing clients, bomb threat, and active shooter;

(3) Be approved by the local emergency management director or local authority having jurisdiction, and reviewed and approved by the local authority having jurisdiction when a change to the plan causes significant material difference;

(4) Be available to all personnel;

(5) Be based on realistic conceptual events;

(6) Develop and implement a strategy to prevent an incident that threatens life, property, and the environment of the facility to include measures to be taken to limit or control the consequences, extent, or severity of an incident that cannot be prevented;

(7) Include the facility's response to both short-term and long-term interruptions in the availability of utility service in the disaster or emergency, including establishing contingency plans for continuity of essential building systems or evacuation to include the following:

a. Electricity;

b. Potable water;

c. Non-potable water;

d. HVAC;

e. Fire protection systems;

f. Fuel required for building operations to include fuel loss, fuel spill, and fuel exposure that creates a hazardous incident;

g. Medical gas and vacuum systems, if applicable;;

h. Communications systems; and

i. Essential services, such as kitchen and laundry;

(8) Include and maintain a communication plan that includes the following:

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- a. Names and contact information for the following:
 1. Staff;
 2. Entities providing services under arrangement;
 3. Resident's licensed practitioner;
 4. Other nearby facilities; and
 5. Volunteers;
 - b. Contact information for the following:
 1. Federal, state, or local emergency preparedness staff;
 2. The state licensing unit;
 3. The office of the state long-term care ombudsman; and
 4. Other sources of assistance;
 - c. Primary and alternate means for communication with the facility's staff and federal, state, or local emergency management agencies;
 - d. A method for sharing information and medical documentation for the residents under the facility's care, as necessary, with other health care providers to maintain the continuity of care; and
 - e. A means of providing information about the facility's occupancy, needs, and its ability to provide assistance to the authority having jurisdiction;
- (9) Include the management of clients, particularly with respect to physical and clinical issues to include:
- a. Relocation of clients with their medical record including the medicine administration records, if time permits, as detailed in the emergency plan;
 - b. Access, as appropriate, to critical materials such as pharmaceuticals, medical supplies, food supplies, linen supplies, and industrial and potable water; and
 - c. How to provide security during the disaster;
- (10) Reflect measures needed to restore operational capability with consideration of fiscal aspects because of restoration costs and possible cash flow losses associated with the disruption;
- (11) Plans for the provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, to include, but not be limited to the following:
- a. Food, water, medical, and pharmaceutical supplies calculated for the maximum number of staff and residents;
 - b. Source of water support, either tap or commercial;
 - c. Expiration dates, tracking of supplies, and rotation of products;

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- d. Contracts and memorandums of understanding with food and water suppliers;
- e. Storage location(s);
- f. Back-up supplies; and
- g. Alternate sources of emergency power to maintain:
 - 1. Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;
 - 2. Emergency lighting;
 - 3. Fire detection, extinguishing, and alarm systems; and
 - 4. Sewage and waste disposal; and

(12) If the facility is located within 10 miles of a nuclear power plant and is part of the New Hampshire plan for radiological emergency preparedness, include this plan in the event of a radiological disaster or emergency.

(e) The facility shall develop and maintain emergency preparedness training for all staff, individuals providing services under arrangement, and volunteers which shall include:

- (1) Initial emergency preparedness training upon hire consistent with roles and specific duties and responsibilities during an emergency;
- (2) Emergency preparedness training at least annually;
- (3) Documentation of the training; and
- (4) A demonstration of staff knowledge and competency of emergency procedures.

(f) The facility shall conduct and document exercises to test the emergency preparedness plan at least twice per year that includes the following:

- (1) Participation in an annual full-scale exercise that is community-based. When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. If the facility experiences and documents an actual natural or man-made emergency that requires the activation of the emergency plan, the facility shall be exempt from engaging in another full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event;
- (2) Conduct an additional annual exercise that may include, but is not limited to, the following:
 - a. A second full-scale exercise that is community-based or an individual, facility-based functional exercise;
 - b. A mock disaster drill; or
 - c. A tabletop exercise or workshop that is led by a facilitator that includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan; and
- (3) Analyze the facility's response to and maintain documentation of all drills, tabletop

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exercises, and emergency events, and revise the facility's emergency plan, as needed.

APPENDIX A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-P 826.07(h)	Facility Guidelines Institute's (FGI), "Guidelines for Design and Construction of Residential Health, Care, and Supported Facilities" (2022 edition)	Publisher: Facility Guidelines Institute Cost: Digital: \$90 single-user/per year or \$235 multi-user/per year Print: \$235 per copy The incorporated document is available at: https://www.fguidelines.org/guidelines/editions/
He-P 826.14(i)(4)a.	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's (SAMHSA) "Evidence-Based Practices Resource Center" (February 24, 2026)	Publisher: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Cost: Free of Charge The incorporated document is available at: https://www.samhsa.gov/libraries/evidence-based-practices-resource-center?f%5B0%5D=resource_topic%3A20277 or A read-only, printed copy of the webpage is available to view at the department.
He-P 826.16(e)(2); He-P 826.16(n); and He-P 826.18(r)(4)	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services	Publisher: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Cost: Free of Charge

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Rule	Title	Publisher; How to Obtain; and Cost
	Administration's (SAMHSA) "TAP 21: Addiction Counseling Competencies" (2017 Revision)	The incorporated document is available at: https://library.samhsa.gov/sites/default/files/sma12-4171.pdf
He-P 826.16(e)(2)b.	The American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision" (DSM-5-TR) (2022 Edition)	Publisher: The American Psychiatric Association Cost: Paperback & eBook: List Price \$170; APA Member Price \$136; APA Resident-Fellow Members \$127.50 Hardcover: List Price \$220; APA Member Price \$176; APA Resident-Fellow Members \$165 The incorporated document is available at: https://www.appi.org/products/dsm
He-P 826.16(j)	American Society of Addiction Medicine's (ASAM) "The ASAM Criteria" (2023 edition)	Publisher: American Society of Addiction Medicine Cost: Printed: Copies 1-9/\$140 per book; Copies 20-99/\$135 per book; Copies 100+/\$130 per book; Copies 500+/\$125 per book Digital Subscription: Seats 1: \$180/year (1 year); \$156/year (2 year); \$132/year (3 year) Seats 2-4: \$156/seat/year (1 year); \$132/seat/year (2 year); \$120/seat/year (3 year) Seats 5-19: \$132/year (1 year); \$102/seat/year (2 year); \$108/seat/year (3 year) Seats 20+: \$120/year (1 year); \$108/seat/year (2 year); \$96/seat/year (3 year) The incorporated document is available at: https://www.asam.org/asam-criteria
He-P 826.18(o)(3)	United States Centers for Disease Control and Prevention's, "Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in	Publisher: United States Centers for Disease Control and Prevention Cost: Free of Charge The incorporated document is available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm

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Rule	Title	Publisher; How to Obtain; and Cost
	Health-Care Settings” (2005 edition)	
He-P 826.20(a)(1)	United States Department of Agriculture’s “Dietary Guidelines for Americans 2020- 2025” (Ninth Edition)	Publisher: United States Department of Agriculture Cost: Free to the Public The incorporated document is available at: https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf
He-P 826.20(i)(2)	U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administrations’, “Food Code” (2017 Edition)	Publisher: U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration Cost: Free of Charge The incorporated document is available at: https://www.fda.gov/food/fda-food-code/food-code-2017
He-P 826.21(b)(2) and (h)	United States Centers for Disease Control and Prevention’s, “2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings” (September 2024)	Publisher: United States Center for Disease Control and Prevention Cost: Free of Charge The incorporated document is available at: https://www.cdc.gov/infection-control/media/pdfs/guideline-isolation-h.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/guidelines/Isolation-guidelines-H.pdf

Appendix B

Rule	Specific State or Federal Statutes the Rule Implements
He-P 826.01	RSA 151:2, I(e); RSA 151:9, I(a); RSA 151:9, VII(a)(1)
He-P 826.02	RSA 151:2, II(a)-(i); RSA 151:9, I(a); RSA 151:9, VII(a)(1)
He-P 826.03	RSA 151:6-a, II; RSA 151:9, I(a); RSA 151:9, VII(a)(1); RSA 151:19, II & V; RSA 151:21
He-P 826.04 – He-P 826.06	RSA 151:9, I(c); RSA 151:9, VII(a)(1)
He-P 826.07 – He-P 826.08	RSA 151:6, II; RSA 151:9, I(a); RSA 151:9, VII(a)(1)
He-P 826.09	RSA 151:6; RSA 151:6-a; RSA 151:9, I(e); RSA 151:9, VII(a)(1)
He-P 826.10	RSA 151:9, I(a); RSA 151:9, VII(a)(1)
He-P 826.11	RSA 151:7-a, II; RSA 151:9, I(e); RSA 151:9, VII(a)(1)
He-P 826.12	RSA 151:9, I(l); RSA 151:9, VII(a)(1)
He-P 826.13	RSA 151:9, I(f); RSA 151:9, VII(a)(1)

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He-P 826.14 – He-P 826.26	RSA 151:5-c; RSA 151:9, I(a); RSA 151:9, VII(a)(1); RSA 151:19; RSA 151:21; RSA 151:24; RSA 151:41; RSA 151-47-50
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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 Pleasant Street, Concord, NH 03301
TDD Access: Relay NH 1-800-735-2964
Agency Phone: 603-271-9039

APPLICATION FOR RESIDENTIAL, HEALTH CARE, OR SPECIAL HEALTH CARE SERVICES

Existing facility license #: _____

Expiration date: _____

This application shall be filled out in accordance with RSA 151:4. Please be sure to complete the entire application and submit the completed application, supplemental information, and the applicable licensing fee to the address above.

The information submitted shall be posted on <https://www.dhhs.nh.gov/doing-business-dhhs/licensing-certification/health-facilities-administration/initial-applications> pursuant to RSA 151:4 VI.

Check all applicable items:

- | | | | | | |
|--------------------------|----------------------|--------------------------|------------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | License renewal: | <input type="checkbox"/> | *New facility/Initial application: | <input type="checkbox"/> | Other (please explain): |
| <input type="checkbox"/> | *New owner: | <input type="checkbox"/> | **Change in # of beds: | <input type="checkbox"/> | *Change in classification: |
| <input type="checkbox"/> | **Change in address: | | | | |

* Requires processing as an initial application** Requires Local Approval Forms

LICENSEE (Legal Owner of Facility): _____ TELEPHONE #: () _____

NAME OF FACILITY (DBA): _____ TELEPHONE #: () _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ADMINISTRATOR: _____

MEDICAL DIRECTOR (If applicable): _____

FACILITY E-MAIL ADDRESS (REQUIRED): _____

IF APPLICABLE:

NUMBER OF BEDS: PRESENTLY LICENSED: _____ TOTAL # TO BE LICENSED: _____

NUMBER OF CFI OR STATE PLACED INDIVIDUALS (He-P 804, He-P 805 and He-P 814 only): _____

NUMBER OF ESRD STATIONS (He-P 811 only): _____

BRANCH OFFICE LOCATIONS (He-P 809, 819, 822 & 823 only): _____

OWNERSHIP:

- a. Type of ownership: Association Partnership Corporation
 LLC Individual Other (explain)
- b. List name and address of each person having an ownership interest (directly or indirectly) of greater than 5% in the facility.
- c. If the licensee is organized as an association or corporation, list the name of the association or corporation and the name, address, and title of each officer.
- d. If the licensee is a partnership, list the name and address of each partner.
- e. Is this a certified facility? (**Facilities with deem status under RSA 151:5-b**) YES NO
Only applies to He-P 802, 803, 809, 811, 812, 815, 823, & 824
- f. If you plan on being a CMS Medicare certified facility or have an increase in services or change of ownership, please call 1-800-852-3345 ext. 19049.
- g. If you plan on being Medicaid provider or undergoing a change of ownership, please notify the Provider Enrollment at DHHS.providerenrollmentunit@dhhs.nh.gov or 866-291-1674.

FEES:

Hospitals (General, CAH, Psychiatric, Rehabilitation) (802)	\$25 per licensed bed
Free Standing Emergency Rooms (802)	\$500
Nursing Homes (803)	\$85 per licensed bed
Residential and Supported Residential Care Homes (804 & 805)	\$15 per licensed bed (NO CHARGE FOR CFI OR NH STATE PLACED RESIDENTS)
Non-Emergency Walk-In Care Centers (806)	\$500
Residential Treatment and Rehabilitation Facilities (807)	\$25 per licensed bed
Home Health Care Providers (809)	\$250
Birthing Centers (810)	\$150
End Stage Renal Disease Dialysis Centers (811)	\$500
Ambulatory Surgical Centers (812)	\$500
Intermediate Care Facilities for Individuals with Intellectual Disabilities(ICF/IID)(815)	\$25 per licensed bed
Educational Health Centers (816)	\$500
Adult Day Care Centers (818)	\$200
Case Management Agencies (819)	\$150
Home Care Service Provider Agencies (822)	Less than ten clients \$25; Ten or more clients \$250
Home Hospice Care Providers (823)	\$250
Hospice Houses (824)	\$25 per licensed bed
Substance Use Disorder Residential Treatment Facilities (826)	\$25 per licensed bed
Freestanding Megavoltage Radiation Therapy Facility (827)	\$500
Psychiatric Residential Treatment Programs (830)	\$25 per licensed bed

A check or money order (payable to: **TREASURER, STATE OF NEW HAMPSHIRE**) ***must be attached to this application.***

Applications submitted by facilities exempt under RSA 151:4 I (a), (b), & (c) are not required to pay the license fee.

ADDITIONAL APPLICATION REQUIREMENTS:

1. Renewal applications must be submitted at least 120 days prior to expiration of the current license. **(Yearly)**
2. Include resume, and copies of any applicable licenses, a copy of the non-conviction attestation as described in rule, and the results of the BAAS registry check from the bureau of adult and aging services and the results of the criminal records check* for the administrator and medical director **(if applicable). (Initial Application Only, unless changing Administrator or Medical Director)**
3. Include any waivers, exemptions, or variances to the rules by the Department of Health and Human Services and/or the State Fire Marshal. **(Yearly)**
4. Include a floor plan indicating the location of all rooms, # of beds in each bedroom, and fire exits. **(Initial Application Only – not for He-P 809, 819, 820, 822, & 823)**
5. Include NH Secretary of State Authority to do business in the State of NH and/or tradename registration **(Initial Application Only)**
6. Include written local approvals from the health officer, the building official, the zoning officer, and the fire chief. For a building under construction, the written approvals required shall be submitted at the time of the application based on the local official's review of the building plans and again upon completion of the construction project. **(Initial Application Only for ALL categories)**
7. Include documentation that the water supply has been tested in accordance with RSA 485 and Env-Dw 702.02 and 704.02 (formerly Env-Ws 313.01 and 314.01) or if a public water supply is used, a copy of a water bill. **(Initial Application Only – not applicable for He-P 809, 819, 820, 822, & 823)**
8. Include documentation that **every 3 years** the water supply has been tested for bacteria and nitrates and determined to be at acceptable levels, in accordance with Env-Dw 702.02 (formerly Env-Ws 313.01) for bacteria and Env-Dw 704.02 (formerly Env-Ws 314.01) for nitrates. **(not applicable for He-P 809, 819, 820, & 823)**
9. Include a list of all employees granted waivers for criminal background check results from the Department of Health and Human Services. **(Yearly and on initial application if change of ownership or category)**
10. Include the results of a criminal records check* on prospective owner (licensee) and on the entity (DBA), it will be licensed as and if applicable, each household member 17 years of age or older who resides at the facility. **(Initial Application Only)**

***May use any vendor, however results for the State of New Hampshire must be included.**

SERVICE DESCRIPTION:

I. Provide a detailed description of the services and programs you intend to provide:

II. Describe the health care you intend to provide:

III. Identify who will provide the health care listed in II:

SIGNATURES: This application must be signed by:

1. The owner if a private facility;
2. Two officers if a corporation;
3. Two authorized individuals if an association or partnership; or
4. The head of the government agency if a government unit.

I affirm that I am familiar with the requirements of RSA 151 and the rules adopted thereunder and that the premises are in full compliance. I understand that providing false information shall be grounds for denial, suspension, or revocation of the license and the imposition of a fine.

DATE: _____ SIGNED: _____
(NAME AND TITLE)

DATE: _____ SIGNED: _____
(NAME AND TITLE)

For all facilities applying to be licensed as a hospital (He-P 802), located within a 15 mile radius of a hospital certified as a critical access hospital, pursuant to 42 C.F.R. section 485.610 (b) and (c):

I affirm that I have complied with RSA 151:4-a and a determination is on file with the department that finds the proposed health care facility shall be allowed to apply for licensure.

DATE: _____ SIGNED: _____
(NAME AND TITLE)

DATE: _____ SIGNED: _____
(NAME AND TITLE)

HFA OFFICE USE ONLY

CHECK NUMBER: _____
APPLICATION COMPLETE: _____

AMOUNT: _____
NOT COMPLETE: _____

(Describe in comments)

NEW RENEWAL CHANGE

QUALIFICATIONS OF ADMINISTRATOR	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
COPY OF ADMINISTRATOR LICENSE	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LIST OF EMPLOYEES WITH WAIVERS	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
WATER TEST (INITIAL OR 3YR)	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
FLOOR PLAN	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
SECRETARY OF STATE INFORMATION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LOCAL APPROVAL	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LSC INSPECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
LSC PLAN OF CORRECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
CLINICAL INSPECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
PLAN OF CORRECTION	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>
COMPLIED WITH RSA 151:4-a	Required	<input type="checkbox"/>	Not Required	<input type="checkbox"/>	Received	<input type="checkbox"/>

FEDERAL FACILITY (EXEMPT FROM INSPECTION) YES NO

LICENSURE CATEGORY:

- | | |
|---|---|
| <input type="checkbox"/> 02 Hospitals (General, CAH, Psychiatric, Rehabilitation) | <input type="checkbox"/> 14 Community Residence |
| <input type="checkbox"/> 03 Nursing Homes | <input type="checkbox"/> 15 ICF/IID |
| <input type="checkbox"/> 04 Residential Care Home Facility | <input type="checkbox"/> 16 Educational Health Services |
| <input type="checkbox"/> 05 Supported Residential Health Care Facility | <input type="checkbox"/> 18 Adult Day Care |
| <input type="checkbox"/> 06 Non-Emergency Walk-in Care | <input type="checkbox"/> 19 Case Management |
| <input type="checkbox"/> 07 Residential Treatment & Rehabilitation Facility | <input type="checkbox"/> 22 Home Care Service Provider |
| <input type="checkbox"/> 09 Home Health Care Provider | <input type="checkbox"/> 23 Home Hospice Care Provider |
| <input type="checkbox"/> 10 Birthing Center | <input type="checkbox"/> 24 Hospice House |
| <input type="checkbox"/> 11 End Stage Renal Disease Dialysis | <input type="checkbox"/> 26 Substance Use Disorder Res Treatment Facility |
| <input type="checkbox"/> 12 Ambulatory Surgical Center | <input type="checkbox"/> 27 Freestanding Megavoltage Radiation Therapy |
| | <input type="checkbox"/> 30 Psychiatric Residential Treatment |

REVIEWED BY: _____
(NAME & TITLE) (DATE)

ISSUE ANNUAL LICENSE: YES _____ NO _____

LICENSE CERTIFICATE DATES: FROM _____ TO _____

NUMBER OF PATIENTS/STATIONS/BEDS: _____

NOTES:

COMMENTS ON CERTIFICATE: